

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1806

State File No. 3046

FILED JAN 12 1955

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5746 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>California water</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>California</i>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Latham Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>0681</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>SANDY</i> b. (Middle) <i>ROLAND</i> c. (Last) <i>HILL</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 8 1955</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 30 - 1871</i>		9. AGE (In years last birthday) <i>83</i>	If UNDER 1 YEAR Months <i>4</i> Days <i>9</i>	If UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Latham Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
13a. FATHER'S NAME <i>Henry E. Hill</i>		13b. MOTHER'S MAIDEN NAME <i>Ada Pennington</i>		14. NAME OF HUSBAND OR WIFE <i>Elizabeth Mahan</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Paul Hill California Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>67 months</i> <i>5 year</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 3, 1954</i> , to <i>Jan 8, 1955</i> , that I last saw the deceased alive on <i>Jan 8, 1955</i> , and that death occurred at <i>5:4</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Kennyon Latham MD</i>				23b. ADDRESS <i>California, Mo</i>		23c. DATE SIGNED <i>1-10-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-9-1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Flag Spring Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>California Mo Rural Mo</i>		
DATE REC'D BY LOCAL REG. <i>1-10-55</i>		REGISTRAR'S SIGNATURE <i>Heber L. Paproy</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hugh E. Williams California Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0681

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Hugh E. Williams

Licensed Embalmer No. *3537*

P. O. Address... *California*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.