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

FILED MAR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5419

Registrar's No. 11

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CANEAHAWA</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Rural Walker</u>		d. STREET ADDRESS (If rural, give location) <u>06-80</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Walker</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEFFERSON</u>		b. (Middle) <u>D.</u>		c. (Last) <u>Hill</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 11-1861</u>	
9. AGE (In years last birthday) <u>89</u>		10. MONTHS <u>6</u>		11. DAYS <u>14</u>		12. HOURS <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Moniteau Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Calvin Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bailey</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Hill</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Semilethal</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 months</u> <u>Unborn</u> <u>331x</u>	
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) <u>Moniteau, Mo.</u>			
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 <u>4-26</u> , 19 <u>50</u> , to <u>4-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-27</u> , 19 <u>50</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. B. Fulmer</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>2-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springington Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>California Rural Walker Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-26-51</u>		REGISTRAR'S SIGNATURE <u>H. R. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William F. Funder</u>		ADDRESS <u>California</u>	

**RECEIVED** 2-8-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 2-8-51 \_\_\_\_\_

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**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 \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 2854

P. O. Address California 9th

**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 this body is not embalmed, fact should be so stated above.