

FILED MAY 5 1950

STANDARD CERTIFICATE OF DEATH

13858

State File No. _____

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>224</u> | | PRIMARY REG. DIST. NO. <u>3796</u> | | Registrar's No. <u>28</u> | |
| 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>California</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> | | d. STREET ADDRESS <u>Walker Rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | | d. STREET ADDRESS <u>Walker Rural</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY ELIZABETH HILL</u> b. (Middle) _____ c. (Last) _____ | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1950</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>11/2/1866</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | | 11. BIRTHPLACE (State or foreign country) <u>Moniteau County</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 13a. FATHER'S NAME <u>John Cloninger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margret Foiles</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>Jefferson Davis Hill</u> | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 15. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charm Bybee, California, Mo.</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>Chronic Myocarditis & myocardial degeneration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gastroenteritis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 + yrs</u> <u>4220</u> <u>36 hours</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>California</u> <u>Moniteau</u> <u>Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ | | 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>12-31, 1949</u> , to <u>4-18, 1950</u> , that I last saw the deceased alive on <u>4-18, 1950</u> , and that death occurred at <u>7:20 a.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, Mo</u> | | 23c. DATE SIGNED <u>4-26-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/25/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sappington Cemetry</u> | | 24d. LOCATION (City, town, or county) (State) <u>Moniteau County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-26-50</u> | | REGISTRAR'S SIGNATURE <u>ARC Pope</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WILLIAMS FUNERAL HOME</u> | | ADDRESS <u>California, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number _____

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

Student Embalmer No.....

Signed

Licensed Embalmer No. 2854

P. O. Address California Mo

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.