

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6969

State File No. 61120

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 4485		Registrar's No. 6		
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Anzell</u>		c. LENGTH OF STAY (In this place township) <u>2 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Anzell 1000</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CHRISTINA</u> c. (Last) <u>HILL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1955</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 13, 1875</u>		
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
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 <u>---</u>			11. BIRTHPLACE (State or foreign country) <u>Neely's Landing, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Florida Brown</u>		14. NAME OF HUSBAND OR WIFE <u>James Hill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Rose Tidwell St Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>						
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Congestive Heart failure 1 week</u>						
		DUE TO (c) <u>Arteriosclerotic Heart Disease years.</u>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertension - Hypocholesterolemia</u>						
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				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 <u>Jan 20, 1955</u> , to <u>2/25, 1955</u> , that I last saw the deceased alive on <u>2/20, 1955</u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Byron B. Jay, D.O.</u>				23b. ADDRESS <u>2 Monafell, Mo</u>		23c. DATE SIGNED <u>2/28/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>North Bethel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Capri Garden County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-4-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Paul Beringhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beringhoff Funeral Home</u>		ADDRESS <u>St Louis, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 7 1955  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 355-49

**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 \_\_\_\_\_  
Student Embalmer

Signed Oliver Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.