MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

61-026422
STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 256

FILED JUL 6 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DeLassus
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Francois
c. CITY OR TOWN: DeLassus
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Julia Middle: Pearl Last: Hill

4. DATE OF DEATH: Month, Day, Year: June 25, 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 11/13/1898

9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Farmington, Missouri

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Jerome W. Warren

13b. MOTHER'S MAIDEN NAME: Elizabeth Jackson

14. NAME OF HUSBAND OR WIFE: Marion Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 492-01-8906

17. INFORMANT: Marion Hill Address: DeLassus, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	MEDULLARY PARALYSIS	3da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	THROMBOTIC Encephalomalacia	2mo.
DUE TO (c)	ARTERIOSclerosis	many yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1961 to June 25 and last saw her alive on June 25, 1961
Death occurred at 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Ewbank M.D.

22b. ADDRESS: Farmington Mo.

22c. DATE SIGNED: 6-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6/27/61

23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery

23d. LOCATION (City, town, or county) (State): Farmington, Missouri

24. FUNERAL DIRECTOR: Miller Funeral Home ADDRESS: Farmington, Mo.

25. DATE RECD. BY LOCAL REG.: June 27, 1961

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 Paul K Rugel

Licensed Embalmer No. 420

P. O. Address Farmington Miss

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.