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FILED NOV 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36734**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6137** Registrar's No. **283**

1. PLACE OF DEATH a. COUNTY <b>SHANNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SHANNON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WINONA TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WINONA RURAL WINONA (TSH)</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>WINONA TOWNSHIP 1010</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SARAH</b>	b. (Middle) <b>FRANCES</b>	c. (Last) <b>HILL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV-8-1956</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>SEPT-21-1865</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>17</b>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MARSHALL COUNTY KY.</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>JAMES A HILL</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <b>James S Weaver</b>	ADDRESS <b>Winona</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBAL HEMMORHAGE</b>		
ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>331X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oxli**, **1956**, to **NOV 7**, **1956**, that I last saw the deceased alive on **Nov 7**, **1956**, and that death occurred at **9:15 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. S. Rollins M.D.</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>Winona Mo</b>	23c. DATE SIGNED <b>11/9-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov 10 56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wintzer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Winona Mo</b>
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DATE REC'D BY LOCAL REG. <b>11/10/56</b>	REGISTRAR'S SIGNATURE <b>Mabel Rollins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>no</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.