

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5535

0770

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

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5891 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville Bridges Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gainesville Rural - Bridges Twp</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Bridges Twp - Ozark, Mo</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ozark Co Mo - Bridges Twp</u>			

3. NAME OF DECEASED (Type or Print) <u>SAMUEL - ELIJAH - HILLHOUSE</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 4 - 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-1-1871</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>	IF UNDER 6 WKS. Hours <u></u> Min. <u></u>
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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 <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>State of Georgia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm Hillhouse</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Passo</u>	14. NAME OF HUSBAND OR WIFE <u>Tha May Hillhouse</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Hillhouse</u>	ADDRESS <u>Gainesville Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Hypertrophy</u>		
	DUE TO (c) <u>Urinary Retention</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>610X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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 1946 to 3/4, 1951, that I last saw the deceased alive on 3/4, 1951, and that death occurred at 4 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. S. Hoerman</u>	23b. ADDRESS <u>50 Gainesville, Mo</u>	23c. DATE SIGNED <u>3-5-51</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pontiac Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pontiac - Ozark Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-5-51</u>	REGISTRAR'S SIGNATURE <u>William Cogwell</u>	403	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. King</u>	ADDRESS <u>Funeral Home, Gainesville</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 8 1951

Dist. File 351-486

Date Filed 3-8-51

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 Christie R. Poy.....

Licensed Embalmer No. 30474.....

P. O. Address. Cambridge, 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.