

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9425**

FILED MAR 18 1957

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5780** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DEEPWATER	
b. CITY OR TOWN Eldon		c. CITY OR TOWN DEEPWATER 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hy 54-3mi. East		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Dwight b. (Middle) FRANKLIN c. (Last) Hills			4. DATE OF DEATH (Month) (Day) (Year) FEB. 27, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAR. 22, 1937	9. AGE (In years last birthday) 17	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HENRY CO., MO	

13a. FATHER'S NAME Thomas W. Hills		13b. MOTHER'S MAIDEN NAME MARGARET HART		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. JANSSENS DEEPWATER, MO.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Crushing Injuries to abdominal, pelvic, and thoracic viscera		INTERVAL BETWEEN ONSET AND DEATH Immediately
	DUE TO (b) Automobile accident		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures. Compound fracture			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION left femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US Hwy 34 3 mi. E. of Eldon	21c. (CITY, TOWN, OR TOWNSHIP) Miller (COUNTY) 066 (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 27, 1957 3:05 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident

22. I hereby certify that I attended the deceased from **2-27-57**, 19___, to **2-27-57**, 19___, that I last saw the deceased alive on **2-27-57**, 19___, and that death occurred at **3:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. S. Humphrey, D.O., Coroner		23b. ADDRESS Tuscumbia, Missouri		23c. DATE SIGNED 3-1-1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 2 1957	24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton Mo.	
DATE REC'D BY LOCAL REG. Mar. 2, 57	REGISTRAR'S SIGNATURE Alvoretta Walt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. S. Phillips Eldon			

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

170

RECEIVED

MAR 12 '57

Miller County
Health Department

MAR 19 1957

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Cedar

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.