

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32391

FILED OCT 8 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. (inmate)) a. STATE <u>Texas</u> b. COUNTY <u>Tarrant</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. CITY OR TOWN <u>Fort Worth</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>10 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>2422 N.W. 25th St., 8428</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Delbert</u> c. (Last) <u>Hillhouse, Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1957</u>		
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>Sept. 29, 1926</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Meat Packing</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Brown County, Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Richard D. Hillhouse, Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Br. Maudie Bullard</u>	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 date of service) <u>Yes W.W. II</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Richard D. Hillhouse, Jr.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>2422 N.W. 25th St</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Worth, TX</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crush Syndrome - Acute renal suppression from multiple rib fractures, multiple comminuted fractures of hip - rt. tibia - rt. fibula - fractures of D + 21 vertebral</u>		
ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (c) <u>Shock - hemorrhage - exposure</u>	
II. OTHER SIGNIFICANT CONDITIONS (d) <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>8190</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #71</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Jasper</u> (COUNTY) <u>Jasper</u> (STATE) <u>Mo.</u>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Sept. 21, 1957 4:05 am</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Truck Struck Bridge on Highway #71</u>

22. I hereby certify that I attended the deceased from 5 AM Sept. 21, 1957, to 2:12 PM, 1957, that I last saw the deceased alive on 21 Sept., 1957, and that death occurred at 2:12 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Boyd M.D.</u> (Degree or title)	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>24 Sept. 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 21, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shannon Funeral Chapel, Forth Worth, Texas.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>9/26/57</u>	REGISTRAR'S SIGNATURE <u>Ch. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Selbey</u> ADDRESS <u>Jasper, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 10 1957
OCT 9 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 _____
Signature of Student Embalmer

Signed *Jawson L. Sharp*

Licensed Embalmer No. *492*

P. O. Address *Jasper*

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.