

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 20 1959

59-025794

STATE FILE NUMBER

Registration District No. 775 Primary Registration District No. 3036 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA, MISSOURI		c. CITY OR TOWN AURORA, RT. I	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ROBERT Middle CLINT Last HILLHOUSE			4. DATE OF DEATH Month JULY Day 9 Year 1959			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 7, 1871	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) LAWRENCE CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ROBERTT HILLHOUSE	13b. MOTHER'S MAIDEN NAME JANE INMAN	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) NO	16. SOCIAL SECURITY NO. 494-20-0430	17. INFORMANT Mrs. Marie Williams Address RT. 1 AURORA
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Relayman Embolism		INTERVAL BETWEEN ONSET AND DEATH 12 hours 1 year 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis		
DUE TO (c) Cerebral Pictal		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intense cerebral hemorrhage		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 7/12/59 to 7/19/59 and last saw ^{her} _{him} alive on 7/19/59 Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS Aurora Mo.	22c. DATE SIGNED 7/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY, 12, 1959	23c. NAME OF CEMETERY OR CREMATORY LEE CEMETERY	23d. LOCATION (City, town, or county) (State) RT. 2, VERONA, MISSOURI
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24. FUNERAL DIRECTOR [Signature] ADDRESS AURORA, MO.	25. DATE RECD. BY LOCAL REG. 7-11-1959	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean L. Park
Licensed Embalmer No. _____

Licensed Embalmer No. 3812

P. O. Address Amoria, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.