

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020426

FILED VS JUN 7 1960

Registration District No. 290 Primary Registration District No. 4428 Registrar's No. 68

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Pulaski Co			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Mo.		Length of stay in 1b life.	c. CITY OR TOWN Richland, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Francis Middle L. Last Hillhouse.			4. DATE OF DEATH Month May Day 17 Year 1960			
5. SEX Female	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/25/1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Camden County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Jackson Rogers.		13b. MOTHER'S MAIDEN NAME Louisa Davis.		14. NAME OF HUSBAND OR WIFE James Houston Hillhouse.		
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. None.	17. INFORMANT Address Mr. Ray Hillhouse Richland, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Accident (2) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Grandma, et. al. DUE TO (c) Infarcted fatness PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semity					INTERVAL BETWEEN ONSET AND DEATH	
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Susan M. Ward (Degree or title) M.D.			22b. ADDRESS Richland, Missouri		22c. DATE SIGNED 5-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/19/60	23c. NAME OF CEMETERY OR CREMATORY Hillhouse Cemetery	23d. LOCATION (City, town, or county) Stoutland Mo			
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo		25. DATE RECD. BY LOCAL REG. 5-19-60	26. REGISTRAR'S SIGNATURE Charles J. Anderson			

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Moss

Licensed Embalmer No. 4890

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.