

JRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025547  
STATE FILE NUMBER

FILED VS JUL 12 1960

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 53

INDEXED

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

3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWARD DOYLE HILL</b>			4. DATE OF DEATH Month Day Year <b>JUNE 25 1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHT</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-4-1927</b>	9. AGE (last birthday) <b>32</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>21</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>SUCCESS MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>ORVILLE HILL</b>		13b. MOTHER'S MAIDEN NAME <b>ADA HART</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-222640</b>	
17. INFORMANT <b>ADA HILL</b>		Address <b>SUCCESS - MO.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute Cardio-Respiratory failure secondary to an acute pulmonary</b>		
DUE TO (b) <b>Bilateral Pneumonitis and</b>		
DUE TO (c) <b>Rheumatic Heart Disease</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rheumatic Valvular Heart Disease grade IV</b>		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	
---	--	--	--

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 <b>HOUSTON, MO.</b>
20g. COUNTY		20h. STATE			

21. I attended the deceased from **June 23, 1960** to **June 25, 1960** and last saw him alive on **June 25, 1960**  
Death occurred at **3:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>J. J. Burns, MD</b>	(Degree or title)	22b. ADDRESS <b>Houston, Mo.</b>	22c. DATE SIGNED <b>6/27/60</b>
--	-------------------	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/27/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LIBERTY</b>	23d. LOCATION (City, town, or county) <b>2 1/2 MI. N.W. OF SUCCESS - MO</b>
--	-------------------------------	--	--

24. FUNERAL DIRECTOR <b>L. J. Evans</b>	ADDRESS <b>Houston, mo</b>	25. DATE RECD. BY LOCAL REG. <b>7-6-60</b>	26. REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>
--	-------------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

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 Lewell C. Cra

Licensed Embalmer No. 476

P. O. Address Mtn G

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