

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025902

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 83

FILED JUL 20 1961

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Sedgwick</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Yellow Creek Twp</u>		c. CITY OR TOWN <u>Wichita</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 Miles N. E. of Brookfield</u>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input 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 <u>Richard</u> Middle <u>Earl</u> Last <u>Hill</u>			4. DATE OF DEATH Month <u>June</u> Day <u>20</u> Year <u>1961</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-23-28</u>	9. AGE (last birthday) <u>33</u>	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 most of working life, even if retired) <u>Pilot</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Midwest Plastic Co</u>	11. BIRTHPLACE (City and state or country) <u>Phoenix, Arizona</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Earl Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Ramah Pigg</u>	14. NAME OF HUSBAND OR WIFE <u>Bettie Cowart</u>
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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) <u>Yes 1949 to 1953</u>	17. INFORMANT <u>Mr. John E. Hill, Chillicothe, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Multiple Internal Injuries</u>		<u>Immed.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Loss of blood, cuts & abrasions</u>	
	DUE TO (c) <u>Ariplane accident</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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 type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Plane crashed in plowed field</u>
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. p.m.	<u>completely crushing body</u>
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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.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u>Yellow Creek Twp.</u>	COUNTY <u>Linn</u>	STATE <u>Missouri</u>
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21. I attended the deceased from to and last saw her/him alive on .
Death occurred at 9:00 P_m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> W. B. Wright, Coroner	(Degree or title)	22b. ADDRESS <u>Meadville, Mo.</u>	22c. DATE SIGNED <u>6-20-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-22-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resthaven</u>	23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
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24. FUNERAL DIRECTOR <u>[Signature]</u> Norman Funeral Home, Chillicothe, Mo.	ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>6-22-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUL 20 10P SA

JUL 25 1961

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 Elton Norman

Licensed Embalmer No. 44036

P. O. Address Chillicothe

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.