

Kansas Department of Health and Environment  
Office of Vital Statistics  
**CERTIFICATE OF DEATH**

115-2014-14151

State File Number

1. Decedent's Legal Name (First, Middle, Last) <b>MARTIN R HILL</b>		2. Sex <b>MALE</b>	3. Date Of Death (Month, Day, Year) <b>07/19/2014</b>	4. Social Security Number <b>511-64-6708</b>	5. Date Filed By State Registrar <b>08/08/2014</b>
6. If Female, Name Prior to First Marriage	7a. Date Of Birth <b>11/06/1957</b>	7b. Age <b>56 YEAR(S)</b>	8. Place Of Birth (City And State Or Foreign Country) <b>EMPORIA, KANSAS</b>		9. Decedent Ever In U.S. Armed Forces <b>NO</b>
10a. Place Of Death <b>INPATIENT</b>		10b. Facility Name (If Not Institution, Street And Number) <b>STORMONT-VAIL HEALTHCARE</b>		10c. County Of Death <b>SHAWNEE</b>	10d. Zip Code <b>66604</b>
10e. City or Town Of Death <b>TOPEKA</b>	11. Marital Status <b>MARRIED</b>		12. Surviving Spouse (If Wife, Name Before First Marriage) <b>LISA J SEIGRIST</b>		13a. Residence - Street Address <b>310 E 14TH AVE</b>
13b. State or Foreign Country <b>KANSAS</b>	13c. County or Province <b>LYON</b>	13d. City or Town <b>EMPORIA</b>		13e. Zip Code <b>66801</b>	13f. Inside City Limits <b>YES</b>
14. Decedent's Ancestry <b>AMERICAN</b>		15. Decedent's Race <b>WHITE</b>			
16. Decedent's Hispanic Origin <b>NOT SPANISH, HISPANIC, LATINO</b>					
17. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		18. Decedent's Occupation <b>BUSINESS OWNER</b>		19. Decedent's Industry <b>LOCAL RADIO BROADCAST</b>	
20. Father's Name (First, Middle, Last) <b>CHARLES R HILL</b>			21. Mother's Name Prior To First Marriage (First, Middle, Last) <b>LISCHIA A NEWCOMER</b>		
22a. Informant's Name (First, Middle, Last) <b>LISA J HILL</b>	22b. Mailing Address (Street, Number, City, State, And Zip Code) <b>310 E 14TH AVE, EMPORIA, KANSAS, 66801</b>			22c. Relationship To Decedent <b>WIFE</b>	
23. Method Of Disposition <b>CREMATION</b>	24a. Place Of Disposition <b>MIDWEST CREMATION SOCIETY, INC</b>		24b. Location <b>TOPEKA, KANSAS</b>		
25. Funeral Service Licensee And License Number <b>/s/TERRY L ROBERTS - 2901</b>			26. Name Of Embalmer And License Number <b>NOT EMBALMED - 9999</b>		
27. Name And Address Of Firm <b>MIDWEST CREMATION SOCIETY INC, 525 SE 37TH ST, TOPEKA, KANSAS, 66605</b>					
28. Cause Of Death <i>Part I. Events (diseases, injuries, or complications) that directly caused the death.</i>  IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death) a. <b>SEPTIC SHOCK</b> Due To (Or As A Consequence Of): _____ b. _____ Due To (Or As A Consequence Of): _____ c. _____ Due To (Or As A Consequence Of): _____ d. _____ Conditions, if any, leading To cause listed on line a. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LISTED LAST					Approximate Interval: Onset To Death  _____ _____ _____ _____
<i>Part II. Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.</i>  _____ _____ _____			29a. Autopsy <b>NO</b>	29b. Autopsy Findings Available To Complete the Cause Of Death	29c. Coroner Contacted <b>NO</b>
30. Did Tobacco Use Contribute To Death? <b>UNKNOWN</b>	31. If Female:				32. Manner Of Death <b>NATURAL</b>
33a. Date Of Injury (Month, Day, Year)	33b. Time Of Injury	33c. Injury At Work	33d. How Injury Occurred		
33e. Place Of Injury		33f. Location (Street And Number Or Rural Route, City Or Town, State, And Zip Code)			
34a. Date Pronounced Dead (Month, Day, Year) <b>07/19/2014</b>	34b. Time Pronounced Dead <b>6:00 AM</b>	34c. Actual Or Presumed Time Of Death <b>6:00 AM</b>	34d. Name Of Person Pronouncing Death	34e. License No.	
35a. Pronouncing and Certifying Physician <b>/s/WAEL KHREISS - MD</b>	35b. License No. <b>0436458</b>	35c. Date Certified <b>07/21/2014</b>	35d. Address And Zip Code Of Person Completing Cause Of Death <b>823 SW MULVANE ST, TOPEKA, KANSAS, 66606</b>		

VS231A - Rev. 07/01/2009

Death 8/8/2014 V220151023 03 HILL 201404014151 5c @@ Courier @@





This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2014 AUG 08 AM 08:18

*Elizabeth W. Saadi*

Elizabeth W. Saadi, Ph.D  
State Registrar  
Office of Vital Statistics  
Department of Health & Environment

**A06361335**

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

**CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.**