

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40853**

FILED DEC 29 1948

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5808** Registrar's No. **25**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>High Hill, Montgomery Co.</b>                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri,</b> b. COUNTY <b>Montgomery,</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>High Hill,</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>High Hill,</b>   |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location) <b>High Hill, Montgomery Co. Mo.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |  |  |

|                                     |                          |             |                             |   |
|-------------------------------------|--------------------------|-------------|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Alfred</b> | b. (Middle) | c. (Last) <b>Hildebrand</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>December 17-1948</b> |
|-------------------------------------|--------------------------|-------------|-----------------------------|---|

|                    |                               |   |                                   |   |   |  |
|--------------------|-------------------------------|---|-----------------------------------|---|---|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b> | 8. DATE OF BIRTH <b>9-26-1871</b> | 9. AGE (In years last birthday) <b>77</b> | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>21</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
|--------------------|-------------------------------|---|-----------------------------------|---|---|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad Foreman</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b> | 11. BIRTHPLACE (State or foreign country) <b>Chariton Co. Mo.</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b> |
|---|--|---|--|

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|--|--|---|
| 13a. FATHER'S NAME <b>Ferdinand Hildebrand</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary Keller</b> | 14. NAME OF HUSBAND OR WIFE <b>Effie Blanche Hildebrand</b> |
|--|--|---|

|   |                                 |  |                            |
|---|---------------------------------|--|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b></b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Fred Hildebrand</b> | ADDRESS <b>Mexico, Mo.</b> |
|---|---------------------------------|--|----------------------------|

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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Died sudden natural death, from Coronary Thrombosis.</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> |
|---|---|--|--|

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I, hereby certify that I viewed the body, where deceased died, questioned the witnesses present, and found that he died from acute coronary thrombosis, suddenly on December 17th, 1948, at High Hill, Montgomery County, Missouri.

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the death from **Coronary Thrombosis** inquest as Magistrate of Montgomery County, Mo. acting in the absence of the Coroner of Montgomery County, Mo. **December 17th, 1948.**

|                                   |  |  |   |
|-----------------------------------|--|--|---|
| 23a. SIGNATURE <b>[Signature]</b> | (Degree or title) <b>Magistrate of Montgomery County, Missouri</b> | 23b. ADDRESS <b>Montgomery City, Mo.</b> | 23c. DATE SIGNED <b>Acting in the absence</b> |
|-----------------------------------|--|--|---|

|  |  |  |  |
|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE OF THIS OPERATION <b>Dec. 17, 48</b> | 24c. CEMETERY OR CREMATORY <b>Clonwood</b> | 24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b> |
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|  |   |  |                            |
|--|---|--|----------------------------|
| DATE REC'D BY LOCAL REG. <b>12-17-1948</b> | REGISTRAR'S SIGNATURE <b>Mrs. May K. Miller</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl E. Priddy</b> | ADDRESS <b>Mexico, Mo.</b> |
|--|---|--|----------------------------|

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed DEC 28 1948  
District File Number \_\_\_\_\_  
District Health Officer No. 9,

RECEIVED  
FEB 25 1949

DEC 29 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Carl E. Pruch

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3189

P. O. Address Meis. 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 this body is not embalmed, fact should be so stated above.