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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 337

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6139

State File No. 42192

Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Shelby county
(b) City or town: Shelbyville, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Sixty years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby
(c) City or town: Shelbyville Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 9 miles N. W. Shelbyville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Edward Louis Hilber
3. (b) If veteran, name war: x
3. (c) Social Security No.: x

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Frbruary (Month) 27th (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
80	10	2	hr. min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Framing
11. Industry or business: "
MOTHER FATHER
12. Name: Louis Hilber
13. Birthplace: France (City, town, or county) (State or foreign country)
14. Maiden name: Mary Guise
15. Birthplace: Penna. (City, town, or county) (State or foreign country)
16. (a) Informant: W. M. Hilber
(b) Address: Shelbyville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-31-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Zion cemetery
18. (a) Signature of funeral director: Million & Barekelew
(b) Address: Shelbina, Mo.
19. (a) Jan 4-1949 (Date received local registrar) (b) Ada Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1948 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from July, 1946, to December 29, 1948; that I last saw him alive on December 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic degenerative myocarditis	Duration: 4 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: A D Wright M.D. (M. D. or other) DO
Address: Leonard, Mo. Date signed: 1/4/49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-49-69
Date Filed JAN 10 1949

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed O. C. Hawkins

Licensed Embalmer No. 3498

P. O. Address Salina 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.