

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15089

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Wagon Beach</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hildebrand Resort</u>		e. CITY (If outside corporate limits, write RURAL, and give township) <u>Wagon Beach</u>	
		d. STREET ADDRESS (If rural, give location) <u>Hildebrand's Resort</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Reinhard</u>	b. (Middle) <u>Hildebrand</u>	c. (Last) <u>Hildebrand</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 - 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 9 - 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemical Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Resort</u>	11. BIRTHPLACE (State or foreign country) <u>Delitsch Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Gustav Hildebrand</u>	13b. MOTHER'S MAIDEN NAME <u>Elise Jansen</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Barwich</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Frede Hildebrand</u>	ADDRESS <u>Sore</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>Chronic</u> <u>Chronic</u> <u>443X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Hypertension</u>		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 4-1, 1939, to May 9, 1949, that I last saw the deceased alive on 2-8, 1949, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Dale Attebery</u> (Degree or title)	23b. ADDRESS <u>W. R. Conductor, Mo</u>	23c. DATE SIGNED <u>5-17-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conway</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>May-17-1949</u>	REGISTRAR'S SIGNATURE <u>Zilpha Traw</u>	4250	25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolery</u>	ADDRESS <u>Camdenton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 4-49-58

Date Filed 5-23-49

MAY 16 1951

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 Abbi Bankow Wolers

Signed _____
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address Conducton M

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.