

FILED AUG 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23010

State File No.

BIRTH NO. 48384-49 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 123

36
6
2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u> <u>36</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> <u>17</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DONALD</u>	b. (Middle) <u>KENNETH</u>	c. (Last) <u>HILGEDICK</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>August 5, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>August 2, 1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 1 HR. Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Kenneth Hilgedick</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Belle Schaffer</u>	14. NAME OF HUSBAND OR WIFE <u>----</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>----</u>	16. SOCIAL SECURITY NO. <u>----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Hilgedick, Pacific, Mo.</u>	ADDRESS <u>----</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>patent ductus arteriosus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>----</u> DUE TO (c) <u>----</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity 1 month</u>			<u>7541</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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"/>	21h. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Aug 2, 1949 to Aug 5, 1949, that I last saw the deceased alive on Aug 4, 1949, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert N. Schmitt M.D.</u>	23b. ADDRESS <u>1215 1/2 Mid + Elm Washington Mo</u>	23c. DATE SIGNED <u>8-5-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Bridgets Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pacific, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 5, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Pacific, Mo.</u>
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District File Number _____
District Health Officer No. 9,
RECEIVED
AUG 8 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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed Geo. I. Shuebs
Licensed Embalmer No. 3008
P. O. Address Pacific 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.