

No. 300
10.48

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41831**

BIRTH NO. _____ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **4353** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Lideon 5		c. CITY (If outside corporate limits, write RURAL and give township) Risco 12	
c. LENGTH OF STAY (In this place) 4 hrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hopkins Clinic			

3. NAME OF DECEASED (Type or Print) a. (First) Roy	b. (Middle) R.	c. (Last) Hildebrand	4. DATE OF DEATH (Month) (Day) (Year) Dec. 6 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1899	9. AGE (In years last birthday) Months Days Hours Mins. 50 0 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Holcomb Missouri
				12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John F. Hildebrand	13b. MOTHER'S MAIDEN NAME Ollie F. Gibson	14. NAME OF HUSBAND OR WIFE Gay Hildebrand
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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) No	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Roy H. Hildebrand, Risco	ADDRESS Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Failure		5 1/2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4301

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 **12-6-49**, to _____, 19____, that I last saw the deceased alive on **12-6-49**, and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jos Hopkins	(Degree or title)	23b. ADDRESS Lideon, Mo.	23c. DATE SIGNED 12-14-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 8 1949	24c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery	24d. LOCATION (City, town, or county) (State) Clarkton Mo
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DATE REC'D BY LOCAL REG. Dec. 31, 1949	REGISTRAR'S SIGNATURE Mrs. Byron Sharp	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Landes	ADDRESS Funeral Home, Clarkton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 9 1950

District Health Office No. 2

District File Number 150-21

Date Filed _____

JAN 13 1950

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.

Student
Student Embalmer

Signed

Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 4m

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.