

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7712

State File No. _____

FILED MAR 27 1950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>62 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1303 Sylvania</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1303 Sylvania</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>M.</u> c. (Last) <u>Hilgert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1950</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>May 9, 1877</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR: Months <u>10</u> Days <u>8</u>	
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>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Michel Hilgert</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Schmidcler</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Cornelia Hilgert, St. Joseph, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis: General debility</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		b. ANTECEDENT CAUSES <u>Chronic nephritis</u>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>592X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	

22. I hereby certify that I attended the deceased from year 1925, to Mar 17, 1950, that I last saw the deceased alive on Mar 16, 1950, and that death occurred at 3:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. P. Thompson M.D.</u>		23b. ADDRESS <u>402 Edmond Street</u>		23c. DATE SIGNED <u>Mar 19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/20/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Mar. 23, 1950</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Neaton-Purman Funeral Home</u>		ADDRESS <u>St. Joseph, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. D. H. Thompson, Jr.

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. 368

working under my personal supervision.

Signed *Clem E. Johnson*
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. 4535

P. O. Address *3195 17th Street*

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.