

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16344**

BIRTH NO. 26952-50 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) Washington.		c. CITY (If outside corporate limits, write RURAL and give township) Washington 0360	
c. LENGTH OF STAY (In this place) 1 1/2 days.		d. STREET ADDRESS (If rural, give location) R. #1 W.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Emil	b. (Middle) Edward	c. (Last) Hilke	May 29th, 1950.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 27th, 1950.	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Washington, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Emil Joseph Hilke.		13b. MOTHER'S MAIDEN NAME Laura Vossel.		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil Jos. Hilke Washington, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Exhaustion & no rest		INTERVAL BETWEEN ONSET AND DEATH 776X
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
	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"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1950, to May 29, 1950; that I last saw the deceased alive on May 29, 1950, and that death occurred at 8 30 m., from the causes and on the date stated above.

23a. SIGNATURE Emil Jos. Hilke (Degree or title)	23b. ADDRESS Washington, Mo.	23c. DATE SIGNED 5/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 30, 1950.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery, Washington, Mo.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. May 30, 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

362
0

RECEIVED JUN 3 1950
District Health Officer No. 9,
District File Number

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 5387

P. O. Address Washington, 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.