No. 300
10-48

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32339

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 61122 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL KELSO TWP
c. LENGTH OF STAY (in this place) 36 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 MI EAST OF ILLMO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL KELSO TWP
d. STREET ADDRESS (If rural, give location) 1 MI EAST OF ILLMO

3. NAME OF DECEASED (Type or Print) a. (First) CHARLIE b. (Middle) c. (Last) HILLEMANN.

4. DATE OF DEATH (Month) (Day) (Year) SEPT 19, 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH APRIL 12, 1869
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 5 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER-RETIRED
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) SCOTT COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME HENRY HILLEMANN.
13b. MOTHER'S MAIDEN NAME Dont Know
14. NAME OF HUSBAND OR WIFE EMMA HILLEMANN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Russell Morrill ADDRESS Illmo, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 15, 1950, *to* Sept. 18, 1950, *that I last saw the deceased alive on* Sept. 18, 1950, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE G. T. Sorrow (Degree or title) M.D.
23b. ADDRESS Illmo, Mo.
23c. DATE SIGNED 9-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 9-21-50
24c. NAME OF CEMETERY OR CREMATORY LIGHTNER
24d. LOCATION (City, town, or county) (State) ILLMO, MISSOURI

DATE REC'D BY LOCAL REG. 9-21-50
REGISTRAR'S SIGNATURE G. T. Sorrow
25. FUNERAL DIRECTOR'S SIGNATURE Bispling Hoff Funeral Home ADDRESS Illmo, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 25 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 950 - 12

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 Ollie D Smith

Licensed Embalmer No. 4470

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.