/.S. No. 300
REV. 10.48

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FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8982

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1902 East 7th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Macoupin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dorchester 8120 R
d. STREET ADDRESS (If rural, give location) Dorchester

3. NAME OF DECEASED (Type or Print)
a. (First) Ralph
b. (Middle) A.
c. (Last) Bilderbeck

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 22, 1890
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY Petroleum
11. BIRTHPLACE (State or foreign country) Alton, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Berttrand Bilderbeck
13b. MOTHER'S MAIDEN NAME Agasta Gabriel
14. NAME OF HUSBAND OR WIFE Florence Bilderbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No, (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 542-10-5591
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Bilderbeck, Dorchester

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) ~~Asthma~~ Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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

Conditions contributing to the death but not related to the disease or condition causing death. Asthma.

241X

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* Mar. 20, 1951, *to* Mar. 21, 1951, *that I last saw the deceased alive on* Mar. 20, 1951, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Otis L. Dickey D.O.
23b. ADDRESS 501-2 Friseo Bldg. Joplin Mo
23c. DATE SIGNED Mar. 21-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 22 Mar. 51
24c. NAME OF CEMETERY OR CREMATORY Dorchester Cem.
24d. LOCATION (City, town, or county) (State) Dorchester, Illinois

DATE REC'D BY LOCAL REG. 3-22-51
REGISTRAR'S SIGNATURE Ora L. Jessee By Wallace Lampkin 138
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hurlbut-Sloan Mortuary Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 3-26-51
Jasper County Health Office
County File Number 51-3-255
Date Filed 3-26-51

MAY 2 1951

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 Lloyd E. McCord working under my personal supervision.

Student Embalmer No. 398

Signed Lloyd E. McCord
Student Embalmer

Signed Everett A. Hicks
Licensed Embalmer No. 4823
P. O. Address Joplin 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.