

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 51737
Registrar's No. 1003

318

1003

No. 300
10-48

FILED JUN 15 1951

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. 51737		Registrar's No. 1003					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS			c. LENGTH OF STAY (If in place) 9 DAYS			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pana,			8120				
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 112 South Clark									
3. NAME OF DECEASED (Type or Print) a. (First) EDITH			b. (Middle) K			c. (Last) HILSABECK			4. DATE OF DEATH (Month) (Day) (Year) MAY 29, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 24 - 1899		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Pana Township, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Pete Shanks				13b. MOTHER'S MAIDEN NAME Bessie Anderson				14. NAME OF HUSBAND OR WIFE Louis Hilsabeck.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Hilsabeck., Pana, Illinois.							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE LIVER FAILURE INTERVAL BETWEEN ONSET AND DEATH 2 HRS 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. POST OPERATIVE HEMORRHAGE									
19a. DATE OF OPERATION 5/29/51				19b. MAJOR FINDINGS OF OPERATION Multilocular cyst of liver						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 583X							
22. I hereby certify that I attended the deceased from MAY 20 , 19 51 , to MAY 29 , 19 51 , that I last saw the deceased alive on MAY 29 , 19 51 , and that death occurred at 9:12p m., from the causes and on the date stated above.													
23a. SIGNATURE F. P. Bradley (Degree or title) MD						23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 5/29/51				
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE June 1/51		24c. NAME OF CEMETERY OR CREMATORY Lindwood Cemetery			24d. LOCATION (City, town, or county) (State) Pana, Illinois						
DATE MAY 31 1951 LOCAL REGISTRAR'S SIGNATURE J. B. Lavater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,									

MAY 31 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.