

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30645**

FILED SEP 24 1951

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **77**

| | | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jefferson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jefferson | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro Mo. | | c. LENGTH OF STAY (in this place) 1 yr 9 Mo | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rock Township 0500 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home | | | d. STREET ADDRESS (If rural, give location) Near Arnold Mo | | |

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|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Wilde c. (Last) Wilde | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 5, 1951 | | |
| 5. SEX F | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Dec. 25 1868 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Days 8 IF UNDER 12 HRS. Hours 10 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Housework | | 11. BIRTHPLACE (State or foreign country) House Springs Mo 0 | |
| | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME Jacob Dealey | | 13b. MOTHER'S MAIDEN NAME Margaret Becker | | 14. NAME OF HUSBAND OR WIFE Dec. | |
| 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 George Wilde ADDRESS Arnold Mo | |

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|--|--|---|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture simple, intertrochanteric right femur. | | DUPLICATE TO (b) E9030 20 | | | 48 days | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility with mental deterioration | | | 1 year | |

| | | | | | |
|---|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 150 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hillsboro Jefferson Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 18 5 11:30 a. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Fell while on way to bath room | |

22. I hereby certify that I attended the deceased from **Jan 11, 1950**, to **Sept 5, 1951**, that I last saw the deceased alive on **Sept 5, 1951**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

| | | | | | |
|--|--|----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D. | | 23b. ADDRESS De Soto, Mo. | | 23c. DATE SIGNED 9-6-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 8 1951 | | 24c. NAME OF CEMETERY OR CREMATORY St. Johns | |
| | | | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 9-6-51 | | REGISTRAR'S SIGNATURE Kathleen M. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home ADDRESS Kimmswick Missouri | |
|--|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
9-22-51
DATE RECEIVED

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 Elmer A. Hightag

Licensed Embalmer No. 3571

P. O. Address Kimmswick, 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.