S. No. 300
v. 10.48

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FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36336

State File No.

BIRTH NO. REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bentonville Route 1
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City (north)
d. STREET ADDRESS (If rural, give location): 2916 E 39 Terrace 0248

3. NAME OF DECEASED (Type or Print): a. (First) Mathew b. (Middle) Joseph c. (Last) Hildreth
4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 30, 1883
9. AGE (In years last birthday): 68 — If under 1 year: Months 6, Days 11 — If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Edina, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James E. Hilduth
13b. MOTHER'S MAIDEN NAME: Mary L. Woorhies
14. NAME OF HUSBAND OR WIFE:
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.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs James E. Owen — ADDRESS: Bentonville

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) Acute Congestive Failure - Left-sided — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — UNK.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Acute Pulmonary Edema — 6 Days. Acute Bronchitis — 14 Days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
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* 8 Aug, 1951, *to* 11 Nov, 1951, *that I last saw the deceased alive on* 7 Nov, 1951, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: David H Glenn (Degree or title): MD
23b. ADDRESS: Warsaw Mo
23c. DATE SIGNED: 13 Nov 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 14, 1951
24c. NAME OF CEMETERY OR CREMATORY: Linville Cemetery
24d. LOCATION (City, town, or county) (State): Edina Knox Mo

DATE REC'D BY LOCAL REG.: Nov. 14. 1951
REGISTRAR'S SIGNATURE: Jas. A. Logan
25. FUNERAL DIRECTOR'S SIGNATURE: John F Reser — ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 19 1951
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed NOV 19 1951

JAN 8 1953

OCT 4 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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed John F. Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.