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FILED DEC 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42060

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 89

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) HILLSBORO		c. CITY (If outside corporate limits, write RURAL and give township) KIMMSWICK	
c. LENGTH OF STAY (In this place) 7 DAYS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION CELAR GROVE NURSING HOME			

3. NAME OF DECEASED (Type or Print) DELLA M HOOK			4. DATE OF DEATH (Month) (Day) (Year) DEC 1 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		8. DATE OF BIRTH NOV 25 1874	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		9. AGE (In years - last birthday) 77		10. MONTHS 0	
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) KIMMSWICK MO	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME FRED HOOK		13b. MOTHER'S MAIDEN NAME CATHERINE GILLMAN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME EDWARD HOOK	
				ADDRESS KIMMSWICK MO	

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) Coronary Thrombosis		ANTECEDENT CAUSES			10 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arteriosclerosis				
		DUE TO (c) Senile infirmity				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		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) 4201	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-26 1951, to 12-1 1951, that I last saw the deceased alive on 12-1-1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.					

23a. SIGNATURE Thomas D. Hens MD (Degree or title)		23b. ADDRESS Hillsboro, Mo		23c. DATE SIGNED 12-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY OUR REDEEMER	
				24d. LOCATION (City, town, or county) (State) KIMMSWICK MO	

DATE REC'D BY LOCAL REG. 12-6-51		REGISTRAR'S SIGNATURE Helen Marden 141		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heiligttag Funeral Home, Kimmswick Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI 64302
DATE RECEIVED 12-18-51

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.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Elmer Heiligtag*.....

Licensed Embalmer No. *3571*

P. O. Address *Timmonick*.....

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.