

STANDARD CERTIFICATE OF DEATH

137773

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Smithton</u>	
c. LENGTH OF STAY (in this place) <u>12 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles S. W. of Smithton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>M</u> c. (Last) <u>HILDEBRAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 16-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 19-1890</u>
9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u> Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Home Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTH PLACE (State or foreign country) <u>Agua Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	

13a. FATHER'S NAME <u>Oliver B Case</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Webster</u>		14. NAME OF HUSBAND OR WIFE <u>Earl</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Hildebrand</u> ADDRESS <u>Smithton Mo</u>	

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) <u>Ruptured appendix & Peritonitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Thecoma of Ovary</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>12 weeks</u>	
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19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated appendix & Peritonitis Intest. Obstruction</u>		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5501</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u></u>	

22. I hereby certify that I attended the deceased from 27 Jan, 1952, to 16 Apr, 1952, that I last saw the deceased alive on 16 Apr, 1952, and that death occurred at 10:45 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>P. V. Siegel MD</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>4/18/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 20-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>	
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DATE REC'D BY LOCAL REG. <u>4/20/52</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Art Heister</u> ADDRESS <u>Smithton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *A. F. Remington*

Licensed Embalmer No. *3912*

P. O. Address *Smithton 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.