

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**34833**

State File No. ....

166

**FILED SEP 29 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dernow</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Darlington Twp</u> c. LENGTH OF STAY (in this place) <u>0-2-3</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Let's Dept #3 Newell</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>Newton</u> ZIP <u>0730</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ritchey</u> d. STREET ADDRESS (If rural, give location) _____	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>George</u> e. (First) _____ f. (Last) <u>Hilker</u> b. (Middle) _____		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept-23-1953</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, NEVER DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July 31-1919</u>
<b>9. AGE</b> (In years last birthday) <u>34</u>		if UNDER 1 YEAR Months <u>1</u>	if UNDER 12 HRS. Days <u>23</u> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farming</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Mo-</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.C.</u>	
<b>13a. FATHER'S NAME</b> <u>Re Roy Hilker</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mattie Bohma</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Eda May Hilker</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		<b>16. SOCIAL SECURITY NO.</b> <u>unk</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Kept Records of George</u> _____			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor</u> 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.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>unk</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____			
<b>22. I hereby certify that I attended the deceased from</b> <u>July 26</u> , 19 <u>53</u> , to <u>Sept 23</u> , 19 <u>53</u> ; that I last saw the deceased alive on <u>Sept 23</u> , 19 <u>53</u> , and that death occurred at <u>1:00 p.</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. J. E. Stummke Jr.</u>		<b>23b. ADDRESS</b> <u>Newada, Mo</u>	
<b>23c. DATE SIGNED</b> <u>9/23/53</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>9-26-53</u>		<b>24b. DATE</b> <u>9-26-53</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>VAN BUREN</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Ritchey MO</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>9-23-1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Anna G. Ferry</u>	
<b>451-</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Calvin Stummke</u> <u>Stanby, MO</u>	

(Licensed Embalmer's Statement on Reverse Side) J. E. Stummke Jr.

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

0.300  
0.48  
080  
2

JAN 18 1964

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 F. E. Stewnake Jr.

Licensed Embalmer No. 4923

P. O. Address Granby, 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.