

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8348**

BIRTH NO. **FILED MAR 26 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Trenton</b>		c. LENGTH OF STAY (In this place) <b>21 years</b>	c. CITY OR TOWN <b>Trenton</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gullee's Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>1702 Tindall Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>	b. (Middle) <b>J</b>	c. (Last) <b>Hilderbran</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 23 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 6 1870</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brick layer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>building</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Adolla, Pa. Penn St 1</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>HARRIET E. CRISWELL Hilderbran</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HARRIET E. Hilderbran Trenton, Mo</b>

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		INTERVAL BETWEEN ONSET AND DEATH  <b>2 wks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Succumb Shock</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Amputated leg</b> DUE TO (c) <b>Arterio Sclerosis gangrene</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4501</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Feb 1, 1954** to **Feb 23, 1954**, that I last saw the deceased alive on **Feb 23, 1954** and that death occurred at **1 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. Mairs</b>	(Degree or title)	23b. ADDRESS <b>Trenton, Mo</b>	23c. DATE SIGNED <b>3/25/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>MAR 25 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Trenton, Mo.</b>

DATE REC'D BY LOCAL REG. <b>3-25-1954</b>	REGISTRAR'S SIGNATURE <b>J. M. Mairs</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wardens Blackman Trenton, Mo.</b>
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**DR. MAIRS.** (Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Harold L. Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Trenton, N.J.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.