

FILED APR 25 1955 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11375

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway 0140</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt Summit, Mo. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dixie Lucille</u> b. (Middle) <u>Hilgert</u> c. (Last) <u>Hilgert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1955</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1935</u>	9. AGE (In years last birthday) <u>19</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tweedie Shoe</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Wainwright, Mo. 0</u>
			12. CITIZEN OF WHAT COUNTRY? <u>No. USA</u>	

13a. FATHER'S NAME <u>Charles Wilson Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Lucille E. Hesse</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Hilgert</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Hilgert Holt Summit, Mo.</u> ADDRESS _____
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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 <u>36 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra Cranial Laceration & Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A fractured skull</u> DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Anter Public Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callaway Co. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>April 11-1955 7:15 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident - on way to work.</u>
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22. I hereby certify that I attended the deceased from April 11, 1955 to April 12, 1955 that I last saw the deceased alive on April 13, 1955 and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Green E. Darden M.D.</u>	23b. ADDRESS <u>Jefferson City</u>	23c. DATE SIGNED <u>4-12-55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hart Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 18-1955</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. R.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Delo Buescher Jefferson City Mo.</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 13 1956

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 Udo Buesch

Licensed Embalmer No. 3701

P. O. Address Personer

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.