

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17976

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>301</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Carroll</u>		b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Carrollton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Saline</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY OR TOWN <u>Marshall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		0912 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				Yes <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>323 E. Arrow</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Adolph William</u>		b. (Middle) _____		c. (Last) <u>Hilbrenner</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>15</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 18, 1887</u>		9. AGE (In years last birthday) <u>67</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leslie County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Hilbrenner</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Crowe</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Lettmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bud Hilbrenner, Carrollton 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		DUPLICATE OF HEART & COMPLETE RECOMPRESSION				<u>minutes</u>	
ANTECEDENT CAUSES		MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.				<u>weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Mitral & Aortic insufficiency</u>				<u>years</u>	
19a. DATE OF OPERATION		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)		420 P	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>March 20, 1953</u> to <u>June 12, 1955</u> , that I last saw the deceased alive on <u>June 13, 1955</u> , and that death occurred at <u>4:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William Crowe M.D.</u>		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>6-15-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/18/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corder Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/17/55</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert O. Culver</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barley Funeral Home - Waverly Mo.</u>			

(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.....
Signature of Student Embalmer

Signed... *Marion D. Bailey*

Licensed Embalmer No. *4728*

P. O. Address *Delaware, Md.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.