

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4178**

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

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN JEFFERSON CITY, MO.		c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN WESTPHALIA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL				e. STREET ADDRESS (If rural, give location) 0760			
3. NAME OF DECEASED a. (First) MARY b. (Middle) CHRISTINE c. (Last) ILSE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 11, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 2, 1875		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 24 HRS. Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KOELTZTOWN, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME HENRY HILKEMEYER		13b. MOTHER'S MAIDEN NAME HENRIETTA BRUNS		14. NAME OF HUSBAND OR WIFE HENRY ILSE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HARRY ILSE ADDRESS J. C. MO.			
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.	18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Miso credit - fibrillation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Disturbance for obstetricians DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 yr. 3 wks	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 9 56 to Feb 11, 1956 that I last saw the deceased alive on Feb 11, 1956 and that death occurred at 6:55 P.M. from the causes and on the date stated above.							
23a. SIGNATURE R. P. Davis's new (Degree or title)				23b. ADDRESS Jubbsville Del, Mo		23c. DATE SIGNED Feb 16, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/16/56		24c. NAME OF CEMETERY OR CREMATORY St. Joseph		24d. LOCATION (City, town, or county) (State) Westphalia, Mo.	
DATE REC'D BY LOCAL REG. 15 Feb 1956		REGISTRAR'S SIGNATURE R. P. Davis MD-MR.		25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dull ADDRESS J. C. Mo			

MAR 6 1911

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..... *Sylvester Dulle*

Licensed Embalmer No. *432*

P. O. Address *Jefferson City*

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.