. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12722
STATE FILE NUMBER

FILED MAY 7 - 1957

Registration District No. 119 Primary Registration District No. 5435 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Gasconde	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boeuf Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rosebud Route 1 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Rosebud Mo. R 1 — Length of stay in 1b Life time	d. STREET ADDRESS (If outside, give location) Rosebud Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: John	Middle: George	Last: Hilkerbaumer	4. DATE OF DEATH Month: April Day: 22 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 3 1900	9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR Months: 10 Days: 19 — IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Rosebud Mo. Route 1	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Herman Hilkerbaumer		14. MOTHER'S MAIDEN NAME: Mary Brehe		
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 Address: Marvin Hilkerbaumer Rosebud Mo. R 1		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterial Sclerotic Heart Disease c̄ Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4 200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954, to 4-22-57 and last saw ~~her~~ him alive on 4-8-57

Death occurred at 4-22-57 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Chas A. Schmidt Jr.	22b. ADDRESS: Gerald	22c. DATE SIGNED: 4-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: April 24 1957	23c. NAME OF CEMETERY OR CREMATORY: E & R Drake Mo.	23d. LOCATION (City, town, or county) (State): Charlote Near Drake Mo.

24. FUNERAL DIRECTOR ADDRESS: Milford H H Winter OWENSVILLE	25. DATE RECD. BY LOCAL REG.: 4-24-1957	26. REGISTRAR'S SIGNATURE: Delma Gerken

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Milford H H Winter

Licensed Embalmer No. 383

P. O. Address OWENSVILL

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.