

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018256

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2247

5. 300 0
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence 70050
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in lb 10 hours	d. STREET ADDRESS (If outside, give location) 1300 Hedges
3. NAME OF DECEASED (Type or print) First LOUIS Middle W. Last HILKER			4. DATE OF DEATH Month May Day 1 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-1-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly work		10b. KIND OF BUSINESS OR OCCUPATION Thermom. machines Allis Chalmers	11. BIRTHPLACE (City and state or country) Augusta, Mo.
13a. FATHER'S NAME Phillip Hilker		13b. MOTHER'S MAIDEN NAME Elizabeth Cook	14. NAME OF HUSBAND OR WIFE Glennie Hilker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 515 09 4402	17. INFORMANT VA Hospital Official Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute passive congestion and edema of the lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertrophy and dilatation of the heart. DUE TO (c) Advanced atherosclerosis of the coronary arteries			INTERVAL BETWEEN ONSET AND DEATH 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from May 1, 1958 to May 1, 1958 and first seen by others on May 1, 1958 Death occurred at 8:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh H. Owens (Degree or title) M.D.		22b. ADDRESS VA Hospital, K. C. Mo.	22c. DATE SIGNED 5-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Geo. C. Carson & Sons		ADDRESS Indep., Mo.	25. DATE RECD. BY LOCAL REG. 5-3-58
26. REGISTRAR'S SIGNATURE Neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must use only standard nomenclature in Item 18. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.

Hugh H. Owens



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 *George P. Carson*

Licensed Embalmer No. *2249*

P. O. Address *Indip. Mo*

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.