

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021495

STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 119 Primary Registration District No. 5993 Registrar's No. 27

300  
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROARK</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>HERMANN</b> 03710 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FAENE VALLEY REST HOME</b>		Length of stay in 1b <b>7 MO.</b>	d. STREET ADDRESS (If outside, give location) <b>WARE STREET</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRITZ FERDINAND HILGENSTOEHLER</b>			4. DATE OF DEATH Month Day Year <b>6-19-58</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>DEC 24, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	9. AGE (In years last birthday) <b>75</b>
11. BIRTHPLACE (City and state or country) <b>STOLPE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>HERMAN HILGENSTOEHLER</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISA BUSCHMEYER</b>	14. NAME OF HUSBAND OR WIFE <b>MRS CLARA KACHUR PERSHINE MO.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>MRS CLARA KACHUR PERSHINE MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE CIRCULATORY FAILURE</b> DUE TO (b) <b>MYOCARDIAL INFARCTION</b> DUE TO (c) <b>AURICULAR FIBRILLATION</b> 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DUODENAL ULCER</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b> " <b>2 1/2 hrs.</b>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>10/30/57</b> to <b>6/18/58</b> and last saw her alive on <b>6/18/58</b> Death occurred at <b>8:35 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ed. G. Jeter, M.D.</b>		22b. ADDRESS <b>2 Hermann, Mo.</b>	22c. DATE SIGNED <b>6/31/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/21/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HERMANN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>HERMANN MO.</b>
24. FUNERAL DIRECTOR <b>HUGO H. BLUMER</b>		ADDRESS <b>HERMANN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>6-26-58</b>
26. REGISTRAR'S SIGNATURE <b>Delma Uffelmann</b>			

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 *Chas. N. Pope* .....

Licensed Embalmer No. *2587* .....  
P. O. Address *Hawaii* .....

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.