

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026453

STATE FILE NUMBER

REG AUG 14 1958 Registration District No. 273 Primary Registration District No. 5920 Registrar's No. 83

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mission Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway #61		Length of stay in lb Transient	8. STREET ADDRESS (If outside, give location) 5116 W. 50th Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Feezor Lincoln Hilpert			4. DATE OF DEATH Month Day Year July 19 1958		
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5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 8, 1951	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arkansas City, Kans./	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME By adoption Oscar V Hilpert	13b. MOTHER'S MAIDEN NAME By adoption Marie E Moody	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT O.V. Hilpert Address Mission, Kans.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Source of Perry County, Mo. DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" 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.) Car submerged in creek
20c. TIME OF INJURY Hour Month, Day, Year 11:50 p.m. 7-19-58	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #61 - Union Twp	20f. CITY, TOWN, OR LOCATION Union Twp Perry Mo COUNTY STATE
21. I attended the deceased from Perry of Perry County, Mo to Union Twp Perry Mo and last saw her/him alive on July 19-1958 on the date stated above; and to the best of my knowledge, from the causes stated.		

21c. SIGNATURE [Signature] (Degree or title) Perry of Perry County, Mo	21b. ADDRESS [Signature]	22c. DATE SIGNED 7/22/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jul 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Garden of Mem. Cem.	23d. LOCATION (City, town, or county) (State) Sikeston, Missouri
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24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville, Mo	25. DATE RECD. BY LOCAL REG. 7-22-58	26. REGISTRAR'S SIGNATURE [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Occur, consider, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Edward C Young*

Licensed Embalmer No. *2138*

P. O. Address *Reynoldsville W. Va.*

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.