

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039318

STATE FILE NUMBER
333

FILED NOV 24 1958

Registration District No. 77 Primary Registration District No. 3076 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Osage Beach
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles E. Still		Length of stay in lb 7 weeks	0158 STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frida Caroline Hildebrand			4. DATE OF DEATH Month Day Year November 19, 1958
5. SEX female	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 March 29, 1872
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher	11. BIRTHPLACE (City and state or country) Saxony, Germany
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? Germany
13a. FATHER'S NAME Friedrich Hildebrand		13b. MOTHER'S MAIDEN NAME Elizabeth Schweigger	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. John H. Hohn Address Osage Beach, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Starvation + Debilitation</i> DUE TO (b) <i>Cerebral Vascular accident</i> DUE TO (c) <i>Hypertensive Heart Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <i>Fracture of Left Hip</i>			INTERVAL BETWEEN ONSET AND DEATH 443 XF
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.) <i>Fell out of Chair at Home</i>		
20c. TIME OF INJURY Hour Month, Day, Year <i>? 10-1-58</i>	20d. INJURY OCCURRED WHILE AT WORK <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.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>Osage Beach</i>	COUNTY STATE <i>MO</i>
21. I attended the deceased from <i>Oct 1-58</i> to <i>Nov 19-58</i> and last saw her alive on <i>Nov 19-58</i> Death occurred at <i>Nov 19 2:30 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Eugene E. Rake</i>		22b. ADDRESS <i>Jefferson City MO</i>	22c. DATE SIGNED <i>Nov 21-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>Nov. 22, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Conway Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Osage Beach, Missouri</i>
24. FUNERAL DIRECTOR <i>Walter R. Hedges</i> Address <i>Hedges Funeral Home</i>	25. DATE RECD. BY LOCAL REG. <i>21 November 1958</i>	26. REGISTRAR'S SIGNATURE <i>R.P. Darris, Md-MR</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 25 1958

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 *Walter F. Wedge*
4265

Licensed Embalmer No.
P. O. Address Iberia, Missouri

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.