

8

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000397

STATE FILE NUMBER

FILED FEB 6 1959

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

58

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Broseley</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Brandon Hosp.</b>		Length of stay in lb <b>2Da</b>	d. 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 <b>Alvin</b> Middle <b>Robert</b> Last <b>Hildrich</b>			4. DATE OF DEATH Month <b>1</b> Day <b>18</b> Year <b>59</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>7-27-1910</b>	9. AGE (In years birthday) <b>48</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>00</b>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR OCCUPATION <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Broseley, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Fred Hildrich</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lancaster</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Hildrich</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>382-01-8782</b>	17. INFORMANT Address <b>Ida Hildrich, Broseley, 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>3rd degree burns to body</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
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.			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 <b>1512</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>1-16--59</b> to <b>1-18-59</b> and last saw her alive on <b>1-18-59</b> Death occurred at <b>4:00</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W.L. Brandon, M.D.</b>			22b. ADDRESS <b>1124 N. Main Poplar Bluff, Missouri</b>		22c. DATE SIGNED <b>1-20-59</b>
23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>		23b. DATE <b>1-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Butler, Co. Mo.</b>
24. FUNERAL DIRECTOR <b>J.C. Roberts</b>		ADDRESS <b>Fisk, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1/31/59</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Raymond L. Duffie*

Licensed Embalmer No. *4798*

P. O. Address *Berme, N.*

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.