

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006078

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 87

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 1495
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in lb ALWAYS	d. STREET ADDRESS (If outside, give location) 1124 WILLARD AVE.
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD DALE HILDRETH			4. DATE OF DEATH Month Day Year JANUARY 31, 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> INFANT <input checked="" type="checkbox"/> FORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 8, 1957
9. AGE (In years last birthday) 1		F UNDER 1 YEAR Months Days 4 23	IF UNDER 24 HRS. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) JOPLIN, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DALE E. HILDRETH	
13b. MOTHER'S MAIDEN NAME MARY LEE GIBSON		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) INFANT		16. SOCIAL SECURITY NO.	17. INFORMANT DALE E. HILDRETH, 1124 WILLARD AVENUE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Staph. bacteremia DUE TO (c) Staph. enteritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) ITEM 25 CORRECTED BY AFFIDAVIT OF Registrar 3-16-59	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 1-22-59 to 1-31-59 and last saw ^{him} alive on 1-31-59 Death occurred at 9:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter R. Patterson, M.D.		22b. ADDRESS 418 Wall Joplin, Mo	22c. DATE SIGNED 2-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-2-59	23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	
25. DATE RECD. BY LOCAL REG. 1959 2-16-59		26. REGISTRAR'S SIGNATURE Dore Merriam	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

JAN 24 1962

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 *F. M. Jones*

Licensed Embalmer No. *2314*

P. O. Address *Jaffa, Louisiana*

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.