Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014286
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: OSAGE
b. CITY OR TOWN: WESTPHALIA, MO. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: OSAGE RIVER — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: COLE
c. CITY OR TOWN: JEFFERSON CITY, MO — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1318 COTTAGE LANE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: BERNARD Middle: LEO Last: HILKE

4. DATE OF DEATH Month Day Year: MAY 3, 1959

5. SEX: Male **6. COLOR OR RACE**: White **7.** MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: July 29, 1955

9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months 10, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph C Hilke Jr
13b. MOTHER'S MAIDEN NAME: Dorothy Scheppers
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: MRS. DOROTHY HILKE Address: J C MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Accidential drowning in Osage River — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Motor boat capsizing — instant
DUE TO (c): 850X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Motor boat capsized in Osage River
20c. TIME OF INJURY: 10:15 Hour a.m. ~~p.m.~~ Month, Day, Year: 5-3-59 076
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Osage River
20f. CITY, TOWN, OR LOCATION: Star Rt 2, Jeff City COUNTY: Osage STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw him alive on dead May 3, 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Coroner 3
22b. ADDRESS: Box 255, Linn, Mo.
22c. DATE SIGNED: 5/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **23b. DATE**: 5/6/59
23c. NAME OF CEMETERY OR CREMATORY: ST Aloysisu
23d. LOCATION (City, town, or county) (State): Argyle, Mo.

24. FUNERAL DIRECTOR: Sylvester Durbin ADDRESS: JC MO.
25. DATE RECD. BY LOCAL REG.: 5/7/59
26. REGISTRAR'S SIGNATURE: Mrs Clyde Morton
(Licensed Embalmer's Statement on Reverse Side)

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.

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MAY 14 1959

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 Sylvester Gulle

Licensed Embalmer No. 4321

P. O. Address Jefferson C

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.