

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014287

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 33

300
1-57

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Westphalia, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Jefferson City, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage River		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1318 Cottage Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle C. Last Hilke			4. DATE OF DEATH Month May Day 3 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26, 1931		9. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ott Lumber Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Argyle, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Hilke Sr		13b. MOTHER'S MAIDEN NAME Martha Eicholz		14. NAME OF HUSBAND OR WIFE Dorothy Scheppers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korea		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Dorothy Hilke J C Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning in Osage River Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Motor Boat Capsizing in river 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)					INTERVAL BETWEEN ONSET AND DEATH 42
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.) Motor boat capsized in Osage River			
20c. TIME OF INJURY Hour a.m. p.m. 5 - 3-59		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.) in Osage River		20f. CITY, TOWN, OR LOCATION COUNTY STATE Rt No. 2, Jeff City - Osage - Mo.			
21. I attended the deceased from _____, to _____ and last saw him ^{dead} on May 3rd, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>(Signature)</i> (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 Aloysius	
23d. LOCATION (City, town, or county) Argyle, Mo.		23e. (State)			
24. FUNERAL DIRECTOR <i>(Signature)</i> ADDRESS J C Mo.		25. DATE RECD. BY LOCAL REG. 5/7/59		26. REGISTRAR'S SIGNATURE <i>(Signature)</i>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS MAY 13 1959

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 Dulle*

Licensed Embalmer No. *4321*
P. O. Address *Jefferson City*

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.