

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022368  
STATE FILE NUMBER

JUN 29 1959

Registration District No. 274 Primary Registration District No. 2057 Registrar's No. 215

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		Length of stay in 1b <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>1101 S. Mass.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROSE BRILL ILMBERGER</u>			4. DATE OF DEATH Month Day Year <u>June 17, 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 25, 1882</u>
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Sedalia, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Brill</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary B. Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>John Ilmberger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Arthur Brill Sedalia, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Cardio - Vascular Disease</u> DUE TO (c) <u>Arterio Sclerosis - Advanced - Over 8 years</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension - Over 8 years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>About 8 years</u> <u>443X</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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. <u>None</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. CITY, TOWN, OR LOCATION <u>Sedalia</u>		20f. COUNTY STATE <u>Missouri</u>	
21. I attended the deceased from Death occurred at <u>4:05 a.m.</u>		I last saw her alive on <u>June 16th 1959</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Mrs. B. Carline M. S.</u>		22b. ADDRESS <u>Sedalia Mo -</u>	
22c. DATE SIGNED <u>6-19-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>June 19, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Sedalia, Missouri</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>D. W. Heckart</u>		25. DATE RECD. BY LOCAL REG. <u>June 22 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Franco Shelby</u>			

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.

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 *D. J. Shaffer* .....

Licensed Embalmer No. *5063* .....

P. O. Address *Ludlow, Mo.* .....

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.