

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS AUG 10 1959

59-027933

STATE FILE NUMBER

Registration District No. 263 Primary Registration District No. 4533 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marthasville		Length of stay in 1b 70 years	c. CITY OR TOWN Marthasville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Emil Middle Theodore Last Hilgedick			4. DATE OF DEATH Month August Day 2 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 Aug 16, 1888	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Feed Dealer		10b. KIND OF BUSINESS OR INDUSTRY Farm Feeds	11. BIRTHPLACE (City and state or country) Marthasville, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME William R. Hilgedick		13b. MOTHER'S MAIDEN NAME Caroline Knoepker		14. NAME OF HUSBAND OR WIFE Hattie Hilgedick	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-07-1986	17. INFORMANT Grover Hilgedick, Marthasville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute myocardial infarction	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) coronary artery disease	3 weeks
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	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 COUNTY STATE

21. I attended the deceased from **7-16-59** to **8-2-59** and last saw ^{her}him live on **8-2-59**
 Death occurred at **2:30 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. H. Schmidt</i> (Degree or title) MD	22b. ADDRESS Marthasville Mo	22c. DATE SIGNED 8-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/5/59	23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
		23d. LOCATION (City, town, or county) (State) Marthasville, Mo.

24. FUNERAL DIRECTOR <i>W. L. ...</i> ADDRESS Marthasville, Mo.	25. DATE RECD. BY LOCAL REG. Aug 4/59	26. REGISTRAR'S SIGNATURE <i>H. C. Johnson</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 19 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard O. Lathrop

Licensed Embalmer No. 4318

P. O. Address Marthasville, M

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.