URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033137
STATE FILE NUMBER

FILED VS SEP 22 1959 Registration District No. 22 3 6 Primary Registration District No. 5818 Registrar's No. 49

AMENDED

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moreau Township — Length of stay in 1b: 40 Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5 M. N.E. Versailles — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Morgan
c. CITY OR TOWN Versailles — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 M.N.E. Versailles — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Peter Middle: P. Last: Hilty
4. DATE OF DEATH Month Day Year: Sept. 14, 1959
5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-17, 1871
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bluffton, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Benjamin Hilty
13b. MOTHER'S MAIDEN NAME: Elizabeth Schumacher
14. NAME OF HUSBAND OR WIFE: Barbara Mary Hilty
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.: Unknown
17. INFORMANT: Mrs Roy Gerber Versailles, Mo. Address

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 5 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1949 to 1949 and last saw her/him alive on Sept 1, 1959
Death occurred at 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth Kauffman (Degree or title) MD
22b. ADDRESS Versailles, Mo.
22c. DATE SIGNED Sept. 15, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 16 Sept. 59
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Moniteau Co., Mo.

24. FUNERAL DIRECTOR Hidwell Funeral Home ADDRESS Versailles, Mo.
25. DATE RECD. BY LOCAL REG. 9/17/59
26. REGISTRAR'S SIGNATURE J L Hoskins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 30 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond C. Harbe

Licensed Embalmer No. 4626

P. O. Address Versailles,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.