

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1961

-60-045586

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 104 STATE FILE NUMBER

INDEXED

| | | | | | | | | | |
|---|--|---|--|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dent</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem</u> | | Length of stay in 1b <u>3 months</u> | | c. CITY OR TOWN <u>Salem</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>18 S. Water St.</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>18 S. Water Street</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>JOHANNA</u> Last <u>HILGEDICK</u> | | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>24</u> Year <u>1960</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>8/31/85</u> | | 9. AGE (last birthday) <u>75</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | | 11. BIRTHPLACE (City and state or country) <u>Treolar, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 13a. FATHER'S NAME <u>Rudolph Hoelscher</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Augusta Offel</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Gust Hilgedick (Deed)</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 <u>Elmer Hilgedick</u> | | Address <u>Salem, Mo.</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>Acute Coronary Occlusion</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>Coronary Atherosclerosis</u> | | DUE TO (c) <u>GENERALIZED Arteriosclerosis</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of breast with metastases</u> | | | | | | 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 | | | |
| 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 a.m. 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 <u>10/10/60</u> to <u>12/24/60</u> and last saw her alive on <u>12/23/60</u> Death occurred at <u>8:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>B. J. Bass M.D.</u> | | | | 22b. ADDRESS <u>Salem, Mo.</u> | | 22c. DATE SIGNED <u>12/24/60</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>12/24/60</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Higginsville, Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>Max L. Waupel</u> | | | | ADDRESS <u>Salem, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12/24/60</u> | | 25. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JS JUL 19 1961

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 Max L. Wolfe

Licensed Embalmer No. 41
P. O. Address Salisbury

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