MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-000227

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 4

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b 56 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Prairie View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Lewistown
Inside Limits Yes ☒ No ☐
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Rosa Middle Last Hildmann

4. DATE OF DEATH Month January Day 3 Year 1962

5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-12-82
9. AGE (last birthday) 79
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) House wife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Lewis County, Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Larkin T. Willis
13b. MOTHER'S MAIDEN NAME Elizabeth Neff
14. NAME OF HUSBAND OR WIFE Widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Hospital Records, Columbia, Missouri

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) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Phlebothrombosis — progressive 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)
Anaplastic carcinoma of the rectum
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 11-6-61, to 1-3-62 and last saw her alive on 1-2-62
Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Ellis Fischel Hospital Columbia, Missouri
22c. DATE SIGNED 1-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-3-1962
23c. NAME OF CEMETERY OR CREMATORY Lewistown Cem
23d. LOCATION (City, town, or county) (State) Lewistown, Mo.

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Jan 3 1962
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Donald L Roberts

Signature of Student Embalmer

Licensed Embalmer No. 4722

P. O. Address Columbia 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.