

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009564

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 328 Primary Registration District No. 30 Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2/000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

| | | | | | |
|---|-------------------------------|--|--------------------------------------|--|---|
| FILED MAR 8 1962 | | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Scott</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Illmo</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u> | | Length of stay in lb <u>16 yrs.</u> | | c. CITY OR TOWN <u>Illmo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| First <u>CARL</u> Middle <u>MARTIN</u> Last <u>HILLEMANN</u> | | Month <u>Feb</u> Day <u>26</u> Year <u>1962</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 22, 1917</u> | 9. AGE (last birthday) <u>45</u> | 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) <u>Steel mech. & fitter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Constr mfr + Retail mfr near Scott City, Mo</u> | | 11. BIRTHPLACE (City and state or country) <u>USA</u> | |
| 13a. FATHER'S NAME <u>Martin Hillemann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Harden</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ruby Espt Hillemann</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u> | | 16. SOCIAL SECURITY NO. <u>NW 11</u> | | 17. INFORMANT <u>Mrs Ruby Hillemann Illmo, Mo</u> | |
| 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 <u>5 minutes</u> |
| IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> | | | | | |
| DUE TO (c) <u>Arteriosclerotic Heart Disease</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</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>2-26-62</u> to <u>2-26-62</u> and last saw her alive on <u>2-26-62</u> | | | | | |
| Death occurred at <u>1:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Marshall Jones</u> (Degree or title) | | | | 22b. ADDRESS <u>Illmo, Mo</u> | |
| 22c. DATE SIGNED <u>2/26/62</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>2-28-62</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Eisenhower Lutheran</u> | |
| 23d. LOCATION (City, town, or county) <u>Illmo, Missouri</u> | | 23e. (State) | | | |
| 24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u> ADDRESS <u>Illmo, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>Feb. 28 1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs Fred Beuplin</u> | |

MAR 8 1962

MAR 7 1962

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 Oliver A. Amick

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.