

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005301

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 60

1. PLACE OF BIRTH (1959)
a. COUNTY HENRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR WETZEL OSTEOPATHIC INSTITUTION Length of stay in 1b
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY HENRY
c. CITY OR TOWN MONTROSE 0420 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
JOHN KOUNROD HILTE
4. DATE OF DEATH Month Day Year
MARCH 7, 1959
5. SEX MALE 6. COLOR OR RACE CAUCASIAN 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH JUNE 22, 1989 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 8 Days 15 IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE 11. BIRTHPLACE (City and state or country) ST. CLAIR COUNTY, MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John HILTE 13b. MOTHER'S MAIDEN NAME ANNA COBELT 14. NAME OF HUSBAND OR WIFE ALICE HILTE

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. 17. INFORMANT Arnold Hilte Address which mo

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 Edema INTERVAL BETWEEN ONSET AND DEATH Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiac Failure and days
DUE TO (c) Vascular Collapse —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 1

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 Month, Day, Year
p.m. o.m.
20d. INJURY OCCURRED WHILE AT 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 2-26-59, to 3-7-59 and last saw ^{her}him alive on 3-7-59
Death occurred at 11:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur Gonzalez Do 22b. ADDRESS 717 E Jefferson Clinton 22c. DATE SIGNED 3-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Rural 23b. DATE Mar. 10-59 23c. NAME OF CEMETERY OR CREMATORY Teays Chapel 23d. LOCATION (City, town, or county) (State) Henry County MO.

24. FUNERAL DIRECTOR Medison L. Garrison ADDRESS Deepwater 25. DATE RECD. BY LOCAL REG. 3-9-59 26. REGISTRAR'S SIGNATURE Mildred Bigum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL INFORMATION IN PART I MUST BE CAREFULLY RELATED.

APR 15 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 me, or

....., Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed

William L. Janssen

Licensed Embalmer No. 4529

P. O. Address Appleton, Wis.

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.