

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67-0005891

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119

Primary Registration District No. 5435

Registrar's No. 7

STATE FILE NUMBER

FILED MAR 3 1967

1. PLACE OF DEATH

a. COUNTY

Gasconade

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Boeuf Twp.

Length of stay in 1b

70 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Farm Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

Missouri

b. COUNTY

Gasconade

admission)

c. CITY

OR

TOWN

Owensville

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Rural Route #1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First
LOUISE

Middle

LYDIA

Last

HILKERBAUMER

4. DATE

OF

DEATH

Month

February

Day

25

Year

1967

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-28-1871

9. AGE (last birthday)

95

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)

housework

10b. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (City and state or country)

Drake, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Bernhard Langenberg

13b. MOTHER'S MAIDEN NAME

Louise Hobine

14. NAME OF HUSBAND OR WIFE

Henry Hilkerbaumer

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.

500-54-2814 J1

17. INFORMANT

Omar Hilkerbaumer Owensville, Mo. Rt. 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Recent Pneumonia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

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 1960 to 2/23/67 and last saw her alive on 2/23/67 -
Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree and title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

2-28-1967

23c. NAME OF CEMETERY OR CREMATORY

E & R Cemetery

23d. LOCATION (City, town, or county)

Charlotte near Drake, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gottenstroeter Funeral Home

25. DATE RECD. BY LOCAL REG.

3-1-67

26. REGISTRAR'S SIGNATURE

Vernon D. Stetson

Owensville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0370

2 6370

3

4 1

5 2

6

7 0

8 0

9 331X

10

11

12 90-0

13 1-0

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

Melford H N Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.