

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**65-050749**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 295

STATE FILE NUMBER

**FILED DEC 22 1965**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <u>Highway 60 - 3 Miles West of Fremont, Missouri</u>		Length of stay in 1b <u>Transit</u>	c. CITY OR TOWN <u>Van Buren</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>Highway 60 - 3 miles West Fremont</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>STEPHEN</u> Middle <u>WAYNE</u> Last <u>HILTEBRAND</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>17</u> Year <u>1965</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 3, 1949</u>	9. AGE (last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Student</u>	11. BIRTHPLACE (City and state or country) <u>Van Buren, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Wayne Hilterbrand</u>		13b. MOTHER'S MAIDEN NAME <u>Irma June Strong</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>UNKNOWN</u>	17. INFORMANT <u>Wayne Hilterbrand</u> Address <u>Van Buren, 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>Skull fracture + broken neck</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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 checked="" 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.) <u>auto accident</u>				
20c. TIME OF INJURY Hour <u>9:30</u> p.m. Month, Day, Year <u>12-17-65</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <u>Highway 60-3 Mi. West of Fremont, Mo.</u>	20f. CITY, TOWN, OR LOCATION <u>Shannon</u>	COUNTY <u>Mo.</u>	STATE <u>Mo.</u>	
21. I attended the deceased from <u>Dead on arrival</u> and last saw her/him alive on _____ Death occurred at <u>9:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Denton Wilson D.O. - Shannon</u>		22b. ADDRESS <u>Shannon, Mo.</u>		22c. DATE SIGNED <u>12-18-65</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 20, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Van Buren Cemetery</u>	23d. LOCATION (City, town, or county) <u>Van Buren, Mo.</u>	23e. (State)		
24. FUNERAL DIRECTOR <u>M<sup>rs</sup> Spadden</u>		ADDRESS <u>Van Buren, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-21-1965</u>	26. REGISTRAR'S SIGNATURE <u>Charles R. ...</u>		

USE BLACK INK OR TYPEWRITER RIBBON

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**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 \_\_\_\_\_

*Allen C. McSpren*

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.