

FILED JAN 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43282**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Washington</b> COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Miner</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Seattle</b> <b>Sekeaton</b>	
c. LENGTH OF STAY (In this place) <b>2 mo</b>		1002	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miner</b>		d. STREET ADDRESS (If rural, give location) <b>908 Ruth</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hue</b>	b. (Middle) <b>Hilbertsen</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 28, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 10, 1862</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Plywood Corp.</b>	11. BIRTHPLACE (State or foreign country) <b>Trebrichsal Norway</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Hilbertsen</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Bessie Hilbertsen</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4521</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Myocardial failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-28, 1950**, to **12-28, 1950**, that I last saw the deceased alive on **12-28, 1950**, and that death occurred at **3:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward Sargent M.D.</b>	23b. ADDRESS <b>Sekeaton Mo</b>	23c. DATE SIGNED <b>12-29-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/30/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant</b>	24d. LOCATION (City, town, or county) (State) <b>Seattle Washington</b>
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DATE REC'D BY LOCAL REG. <b>Dec 30 50</b>	REGISTRAR'S SIGNATURE <b>Mrs. Olla Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Erville Taylor</b>	ADDRESS <b>Sekeaton</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEKEATON, MO.  
670 RUTH ST.

RECEIVED JAN 8 195

SCOTT COUNTY HEALTH CE

CO. FILE NO: 151-5

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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 .....  
Student Embalmer

Signed William G. Sackett

Licensed Embalmer No. 4661

P. O. Address Liberton, 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 this body is not embalmed, fact should be so stated above.