

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1768

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>57671</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lincoln</u> <u>57</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Truxton</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Truxton</u> <u>MO</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Home</u>				
3. NAME OF DECEASED (Type or Print) <u>Elizabeth Katherine Hoech.</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <u>X 1-24-1949</u> (Month) (Day) (Year)					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>12-24-14-1886</u>		9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hour   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Warren Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Herman Ruwe</u>		13b. MOTHER'S MAIDEN NAME <u>Florentine Dreier</u>		14. NAME OF HUSBAND OR WIFE <u>X John Henry Hoech (Dec)</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Simon Fiech</u> ADDRESS <u>Truxton Mo</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Myocardial failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>K.S. 47</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>				
22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> to <u>Jan 27, 1949</u> , that I last saw the deceased alive on <u>Jan 23, 1949</u> , and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. E. Riddle M.D.</u>				23b. ADDRESS <u>Genealogy Mo. 1/25/49</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Truxton</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan, 30-49</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda Jones Bellflower Co.</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 9,  
District File Number  
FEB 9 1949  
Date Filed

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 \_\_\_\_\_

Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Blair A Jones

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.