

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15454

State File No.

BIRTH NO. 27744-49 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>30 min.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>New Haven</u>		30
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>B.B. #1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Francis</u> c. (Last) <u>Hoerstkamp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>	8. DATE OF BIRTH <u>5-23-49</u>	9. AGE (In years last birthday)	10. MONTHS
				YEAR <u>-</u>	DAYS <u>-</u>
				HOURS <u>-</u>	MIN. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u>	
13a. FATHER'S NAME <u>Sylvester F. Hoerstkamp</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Hatfield</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Hoerstkamp</u> ADDRESS <u>New Haven</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity - 20 week gestation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Mo.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5/23/49</u> to <u>5/23/49</u> , that I last saw the deceased alive on <u>5/23/49</u> , 19 <u>49</u> , and that death occurred at <u>11:45 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>B. P. Eisenmann</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>5/24/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Haven Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>New Haven Mo.</u>		
DATE REC'D BY LOCAL REG. <u>May 24 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>New Haven Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4836
26

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JUN 1 1949

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 _____

not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed Earl P. Hedley

Signed _____
Student Embalmer

Licensed Embalmer No. 3385

P. O. Address New Haven Conn

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.