

No. 300  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |  |  |   |   |   |  |
|---|--|--|--|--|---|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>172</u>  |  | PRIMARY REG. DIST. NO. <u>5641</u>   |   | Registrar's No. <u>70</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>  |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dover (Rural) <sup>township</sup> <del>Sept</del></u>   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dover Twp. <sup>55</sup></u>   |   |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  | d. STREET ADDRESS (If rural, give location)  |   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Charles</u> c. (Last) <u>Hoeflicker</u>   |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 2 1949</u> |  |   |   |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  |   | 8. DATE OF BIRTH <u>Sept. 10th 1865</u>                               |   |  |
| 9. AGE (In years last birthday) <u>83</u>   |  | 10. UNDER 1 YEAR Months <u>11</u> Days <u>22</u>   |  | 11. UNDER 4 HRS. Hours <u>1</u> Min. <u></u>   |   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY                        |  |   | 11. BIRTHPLACE (State or foreign country) <u>Effingham, Ill.</u>      |   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>   |  |  | 13a. FATHER'S NAME <u>Michael Hoeflicker</u>             |  | 13b. MOTHER'S MAIDEN NAME <u>Matilda Bost</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Deceased</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 ADDRESS <u>E. G. Hoeflicker - Dover, Mo.</u>   |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u><br>ANTECEDENT CAUSES <u>cardio-vascular - reudies?</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS <u>142X</u><br>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 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) (Min.)  |  | 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>June, 1949</u> to <u>Sept 2, 1949</u> , that I last saw the deceased alive on <u>Sept 2, 1949</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above. |  |  |  |  |   |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>Douglas Kelling M.D.</u>  |  |  |  | 23b. ADDRESS <u>Waverly, Mo</u>  |   | 23c. DATE SIGNED <u>9/6/49</u>  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Sept. 5th 1949</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Dover, Mo.</u>       |   |  |
| DATE REC'D BY LOCAL REG. <u>Sept 6 - 1949</u>   |  | REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>  |   | ADDRESS <u>Higginsville, Mo.</u>                                      |   |  |

RECEIVED SLIP  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-21-49

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 Forest Rieckhoff

Licensed Embalmer No. 4284

HIGGINSVILLE, MO.

P. O. Address \_\_\_\_\_

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.