

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34200

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4341 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower		c. LENGTH OF STAY (In this place) 1 Year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellflower Mo. 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS Home		Bellflower	
3. NAME OF DECEASED (Type or Print) Asher William Hockenberry			4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	8. DATE OF BIRTH Sept 17 1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Hospital Ordely General Duty		10b. KIND OF BUSINESS OR INDUSTRY General Duty		11. BIRTHPLACE (State or foreign country) Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Hockenberry		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Vina Hockenberry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 494-07-7373	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris----		ANTECEDENT CAUSES		DUE TO (b) -----			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) -----					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				1420 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. SUICIDE ACCIDENT HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bellflower Montgomery Mo			
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? -----			
22. I hereby certify that I viewed the deceased xxxxx ^{viewed} xxxxx ^{xxxxx} on <u>7</u> Nov. <u>1950</u> , and that death occurred at <u>11:55 PM</u> on <u>8</u> Nov. <u>1950</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Clement W. Linnert</i>		(Degree or title) Crown		23b. ADDRESS Montgomery City Mo		23c. DATE SIGNED 8 Nov. 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 10 50		24c. NAME OF CEMETERY OR CREMATORY Bellflower		24d. LOCATION (City, town, or county) (State) Bellflower Mo.	
DATE REC'D BY LOCAL REG. Nov. 10-50		REGISTRAR'S SIGNATURE <i>Mrs. May Wilcox</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Clarence Jones</i>		ADDRESS Bellflower Mo.	

(Licensed Embalmer's Statement on Reverse Side)

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 14 1950

RECEIVED

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.

Student
Student Embalmer

Signed

Clarence Jones

Licensed Embalmer No.

2978

P. O. Address

Bellflower, Ca

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.