No. 300
10.48

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40191

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boonville Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bunceton, 0270
d. STREET ADDRESS (If rural, give location): — 0

3. NAME OF DECEASED (Type or Print)
a. (First): Artie
b. (Middle): Belle
c. (Last): Hoback

4. DATE OF DEATH (Month) (Day) (Year): December 15 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 25" 1890
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (State or foreign country): Cooper County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John Dilse
13b. MOTHER'S MAIDEN NAME: Rachel Wigton
14. NAME OF HUSBAND OR WIFE: Pete Hoback.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 498-30-0214
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Louise Jones, Boonville, Missouri.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1950, *to* Dec 15, 1950, *that I last saw the deceased alive on* Dec 15, 1950, *and that death occurred at* 1:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A Duelsmann MD
23b. ADDRESS: 329 Main Boonville Mo
23c. DATE SIGNED: 12-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: December 19 1950
24c. NAME OF CEMETERY OR CREMATORY: Pisgah
24d. LOCATION (City, town, or county) (State): Pisgah, Missouri.

DATE REC'D BY LOCAL REG.: 12-19-50
REGISTRAR'S SIGNATURE: D E Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Goodman & Boller, Boonville, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/27/50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 12/27/50

FEB 16 1951

MAR 4 1951

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

working under my personal supervision.

Student Embalmer No.

Signed Walter E. Moyer

Signed
Student Embalmer

Licensed Embalmer No. 4491

P. O. Address Boonville, Missouri.

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

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