

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13244  
Registrar's No. 17

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5755</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp. 0630</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Argyle, Mo.</u>				
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>			a. (First)		b. (Middle)		c. (Last) <u>Hoeller</u>	
4. DATE OF DEATH <u>April 19, 1951.</u>		(Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug. 10, 1894</u>		9. AGE (In years last birthday) <u>56</u>		if UNDER 1 YEAR Months <u>8</u> Days <u>9</u> if UNDER 1 HR. Hours <u>  </u> Min. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Hoeller</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ollet</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Hoeller,</u>		ADDRESS <u>Argyle, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left kidney</u>		ANTECEDENT CAUSES				?		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180x</u>				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) (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>August 18, 1950</u> , to <u>April 16, 1951</u> , that I last saw the deceased alive on <u>April 16, 1951</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D.C. Howard</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Vienna, Missouri</u>		23c. DATE SIGNED <u>4/20/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Visitation Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vienna, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ph O Cunningham</u>		ADDRESS <u>Vienna, Mo.</u>		

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 2 1951

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_  
Signed *H. O. Cunningham*

Licensed Embalmer No. *3664*

P. O. Address *Cenosa M.*

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.