

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16004

State File No.

FILED MAY 17 1951

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 126

0264
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> c. LENGTH OF STAY (in this place) <u>3wks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley</u> d. STREET ADDRESS (If rural, give location) <u>Main St.</u>	
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3. NAME OF DECEASED a. (First) <u>Gerhard</u> b. (Middle) _____ c. (Last) _____ (Type or Print) <u>Gerhard Hoecker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 1, 1892</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>59</u> <u>0</u> <u>10</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Edse Store</u>	11. BIRTHPLACE (State or foreign country) <u>St. Thomas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Hoecker</u>	13b. MOTHER'S MAIDEN NAME <u>Magdaline Wansing</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Antone Hoecker Henley, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) (a) does not mean the type of dying, such as heart failure, asphyxia, etc. (b) means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vasular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gonitis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>26 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 Apr 15, 1951, to May 11, 1951; that I last saw the deceased alive on May 4, 1951, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William C. Co MD</u>	23b. ADDRESS <u>125 E. High St Jefferson City</u>	23c. DATE SIGNED <u>May 12/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Thomas, Mo.</u>

DATE REC'D BY LOCAL REG. <u>May 12-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Darris MD - MRP</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buescher Jefferson City</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

5-16-51

5-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-16-51

JUL 17 1953

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

Victor Buescher

Signed.....

Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Call } ss.

State File No. 16004

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 17 day of April, 1952, before me appears.....
Victor Buescher, who, upon his oath, states that the original record of ^{birth} death
for Gerhard Hoecker died May 11, 1952, in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. should read Gerhard Hoecker

Instead of..... Gerland Hoecker

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Victor Buescher Relationship.....
Jefferson city, mo
Present Address.....

Subscribed and sworn to before me this 17 day of April, 1952

My Commission expires August 27, 1954. Lucille Connor Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.