

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5377**
Registrar's No. **43**

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020**

3620

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

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) 0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) EMIL c. (Last) HOCKEMEYER			4. DATE OF DEATH (Month) (Day) (Year) 2. 21 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-6-1878		9. AGE (In years last birthday) 74 <small>if under 1 year</small> 11 <small>Months</small> 15 <small>Days</small> <small>if under 1 hr.</small> <small>Hours</small> <small>Min.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CAMPBELLTOWN RURAL W. S.	

13a. FATHER'S NAME J. F. HOCKEMEYER		13b. MOTHER'S MAIDEN NAME MARIA WIEMEYER		14. NAME OF HUSBAND OR WIFE LYDIA HOCKEMEYER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Marie Hebler New Haven, Missouri 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1-2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic hypertension - 5 years			
		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 no operation		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) 331X	

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?
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22. I hereby certify that I attended the deceased from **3/4**, 19**44**, to **2/21**, 19**53**, that I last saw the deceased alive on **2/21**, 19**53**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. V. Wisniewski M.D.		23b. ADDRESS New Haven, Mo.		23c. DATE SIGNED 2/23/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-24-53		24c. NAME OF CEMETERY OR CREMATORY NEW HAVEN CEM.		24d. LOCATION (City, town, or county) (State) NEW HAVEN MO	
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DATE REC'D BY LOCAL REG. Feb. 23, 1953		REGISTRAR'S SIGNATURE B. V. Wisniewski		25. FUNERAL DIRECTOR'S SIGNATURE L. Roberts ADDRESS New Haven, Mo.	
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MAR 3 1955

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

Signature Earl F. Perry

Licensed Embalmer No. 2385

P. O. Address Yewell Haven Rd

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.