

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9371

State File No.

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 1444 Registrar's No. 42

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Athens</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany</u> <u>0380</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Daisy</u> b. (Middle) <u>May</u> c. (Last) <u>Hoberecht</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u> | 8. DATE OF BIRTH <u>Dec. 30, 1876</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>76</u> If under 1 year: Months <u>3</u> Days <u>9</u> If under 24 hrs: Hours <u>9</u> Min. |
| 11. BIRTHPLACE (State or foreign country) <u>Lindley, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |
| 13a. FATHER'S NAME <u>Jefferson Lynearson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Brenbarger</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Herman Hoberecht</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Shannon Fore Albany, Mo.</u> | |
| 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) <u>Carcinoma of Intestine</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) <u>Hemiparesis of Intestine</u> DUE TO (c) <u>from rectum</u> 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>153X</u> | |
| 19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20. DATE OF OPERATION | |
| 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 <u>4-8-1953</u> , to <u>4-8-1953</u> , that I last saw the deceased alive on <u>4-8-1953</u> , and that death occurred at <u>3 P. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>C. K. Williams</u> (Degree or title) <u>Do</u> | | 23b. ADDRESS <u>Gentry, Mo.</u> | |
| 23c. DATE SIGNED <u>4-8-53</u> | | 24. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-10-53</u> | |
| 24c. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Brooke</u> | |
| DATE REC'D BY LOCAL REG. <u>April 9-5-3</u> | | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | |
| 25. FUNERAL DIRECTOR'S ADDRESS <u>Albany Mo</u> | | 25. FUNERAL DIRECTOR'S ADDRESS | |

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

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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 Clifford Burns

Licensed Embalmer No. 3329

P. O. Address Albany 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.