

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10339

State File No. _____

FILED MAR 24 1953

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 18

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1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u> <u>0502</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>605 St. Louis, St.</u>		d. STREET ADDRESS (If rural, give location) <u>605 St. Louis St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) _____ c. (Last) <u>Hochstatter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1953</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> <u>2</u>	8. DATE OF BIRTH <u>Feb. 26, 1883</u>		9. AGE (in years last birthday) <u>70</u> <u>0</u> <u>16</u> <u>0</u> <u>16</u> <u>0</u> <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hampton</u>		14. NAME OF HUSBAND OR WIFE <u>Rudolph Hochstatter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rudolph Hochstatter</u> ADDRESS <u>De Soto, 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>Coronary thrombosis</u>		DUPLICATE OF (a) <u>Generalized coronary sclerosis</u>			<u>10 min.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF (b) <u>Hod. breast removed for carcinoma</u>			<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE OF (c) <u>Hod. breast removed for carcinoma</u>			<u>?</u>

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201 H</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) _____		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 Dec 2, 1952 to Nov 12, 1953, that I last saw the deceased alive on Nov 9, 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marie Parkle</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>Mar 13, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 14, '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hopewell, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-14-53</u>		REGISTRAR'S SIGNATURE <u>Marie Parkle</u> <u>3 14 53</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith-Higginbotham Funeral H</u> ADDRESS <u>De Soto, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
MAR 19 1953
DATE 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Mary M Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.