

STANDARD CERTIFICATE OF DEATH

State File No. 10888

FILED MAR 23 1953

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>4408</u> | | Registrar's No. <u>91</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton Smithton</u> | | c. LENGTH OF STAY (In this place) <u>39 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton</u> | | 0 800 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at her home</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> | | b. (Middle) | | c. (Last) <u>Hochus</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 10-53</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Aug 13-74</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | 10. MONTHS <u>6</u> | | 11. DAYS <u>27</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 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 | | 11. BIRTHPLACE (State or foreign country) <u>Pettis Co MO</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>John Kirschner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Hochus</u> | | 14. NAME OF HUSBAND OR WIFE <u>John (deceased)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Victor Hochus Smithton 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Simple Left Hip</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>E9040 21</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Smithton Pettis MO</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 10 '53 9:25 PM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell in Bathroom</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov 1952</u> , to <u>Mar 10, 1953</u> , that I last saw the deceased alive on <u>9 March, 1953</u> , and that death occurred at <u>9:30 PM.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>P. V. Siegel MD</u> | | (Degree or title) | | 23b. ADDRESS <u>Smithton MO</u> | | 23c. DATE SIGNED <u>3/12/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 13-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u> | | 24d. LOCATION (City, town, or county) (State) <u>Smithton MO</u> | |
| DATE REC'D BY LOCAL REG. <u>3/13/1953</u> | | REGISTRAR'S SIGNATURE <u>R. G. Campbell MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Hennings</u> | | ADDRESS <u>Smithton MO</u> | |

251-0

(Licensed Embalmers' Statement on Reverse Side)

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

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

M. F. Hermann

Signed
Student Embalmer

Licensed Embalmer No. *3912*

P. O. Address *Smithton, 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.