

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21209

State File No. _____

No. 300
10.48

620

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

FILED JUN 29 1953		BIRTH NO. <u>35363</u>		REG. DIST. NO. <u>116</u>	PRIMARY REG. DIST. NO. <u>3020</u>	Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington.</u>		c. LENGTH OF STAY (In this place) <u>3 days.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> <u>0-360</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Francis Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>425 MacArthur Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rodney</u>		b. (Middle) <u>Harold</u>		c. (Last) <u>Hoelt.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22nd, 1953.</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 19th, 1953.</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Harold H. Hoelt.</u>			13b. MOTHER'S MAIDEN NAME <u>Lorraine Schneider.</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold H. Hoelt</u> <u>Washington, 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, ashenia, 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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute hepatitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7615</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>June 19, 1953</u> to <u>June 22, 1953</u> that I last saw the deceased alive on <u>June 22, 1953</u> , and that death occurred at <u>12:00 Noon</u> on <u>June 22, 1953</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.D. Conrad</u>				23b. ADDRESS <u>700 2nd & Elm Washington</u>		23c. DATE SIGNED <u>6-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Holstein, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6/24/53</u>		REGISTRAR'S SIGNATURE <u>J.P. Schneider</u> <u>99-0</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Freiburg & Witt, Inc.</u> <u>Washington, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Lester A. Vitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, Md*

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.