

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24349

State File No. _____

No. 300
10.48

FILED AUG 3 1953

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>141</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 OR TOWN <u>Washington</u>)		c. LENGTH OF STAY (in this place) <u>11 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Washington</u>)		0362 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>415 Dubois St.</u>				d. STREET ADDRESS (If rural, give location) <u>415 Dubois</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>William</u> c. (Last) <u>Hoeman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 5, 1896</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Disabled Veteran</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lafe, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Ernst Hoeman</u>			13b. MOTHER'S MAIDEN NAME <u>Charlotte Dieckmann</u>		14. NAME OF HUSBAND OR WIFE <u>Anna W. Hoeman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>Yes World War # 1</u>			16. SOCIAL SECURITY NO. <u>498-16-8267</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna W. Hoeman, Washington, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>					<u>10 minutes</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Coronary sclerosis</u>					<u>3 yrs</u>
		DUE TO (c) <u>Bronchitis</u>					<u>35 years</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>4201</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) (Min.)		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>July 4, 1947</u> , to <u>July 30, 1953</u> , that I last saw the deceased alive on <u>July 30, 1953</u> , and that death occurred at <u>8:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>mid</u>				23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>7-31-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barracks Nat. Cem. Jefferson Barracks, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u></u>	
DATE REC'D BY LOCAL REG. <u>Aug. 1, 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg & Vitt Inc, Washington, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1958

AUG 9 1958

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

Jerome F. Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.