

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32287**

FILED SEP 30 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u>	<u>0540</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RICHARD HENRY HOHLT</u>		d. STREET ADDRESS (If rural, give location) <u>910 MAIN</u>	

3. NAME OF DECEASED (Type or Print) <u>RICHARD HENRY HOHLT</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>SEPT. 13 1953</u>
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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>SEPT 10 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DOCTORING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OKAWVILLE ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>FRED HOHLT</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE HASHEIDER</u>	14. NAME OF HUSBAND OR WIFE <u>Libbie Hohlt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Libbie Hohlt</u>	ADDRESS <u>CONCORDIA Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung with generalized metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>163X</u>
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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? _____
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22. I hereby certify that I attended the deceased from Mar 29, 1953, to Sept. 13, 1953, that I last saw the deceased alive on Sept 13, 1953, and that death occurred at 5p m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Brady, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Concordia, Mo</u>	23c. DATE SIGNED <u>9/14/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>SEPT 16, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST ANGELOICAL</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 16, 1953</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landauer</u>	154-D	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. JAMES</u>	ADDRESS <u>CONCORDIA Mo</u>
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(Issued Embalmer's 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. F. Parker

Licensed Embalmer No.

3840

P. O. Address

Sweet Springs

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.