

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

264

State File No.

FILED FEB 1 1954

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 19 years	c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			e. STREET ADDRESS (If rural, give location) 2207 Penn St. 01170		
3. NAME OF DECEASED a. (First) (Type or Print) Arthur			b. (Middle) N.	c. (Last) Hochstedler, Sr.	4. DATE OF DEATH (Month) (Day) (Year) January 19, 1954
5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 12, 1899	9. AGE (In years last birthday) 54	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent	10b. KIND OF BUSINESS OR INDUSTRY Insurance Company	11. BIRTHPLACE (City and State or Foreign Country) Hamilton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME A. J. Hochstedler		13b. MOTHER'S MAIDEN NAME Florence Gregory		14. NAME OF HUSBAND OR WIFE Olive	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-05-9613	17. INFORMANT'S SIGNATURE OR NAME Mrs. Olive Hochstedler, Sr. St. Joseph, Mo. ADDRESS 2207 Penn St.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart				under
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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 4200				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) (Hours)	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 12-25, 1953, to 1-19, 1954, that I last saw the deceased alive on 1-19, 1954, and that death occurred at 8:40a. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Clement C. Chmura M.D.			23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 1-19-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/23/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
DATE REC'D BY LOCAL REG. Jan 26, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman St. Joseph, Mo. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....
James B. Hawkins

Licensed Embalmer No.... 458

P. O. Address 319 So 10th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.