

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

473

State File No. ....

FILED JAN 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 52

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD 4

1. PLACE OF DEATH a. COUNTY <u>CAPE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CAPE GIRARDEAU</u>	c. LENGTH OF STAY (in this place) <u>2 mos -</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ANCE LN</u> <u>1000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOORE S. KELSO MOUSER NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u>	b. (Middle) <u>(NONE)</u>	c. (Last) <u>HOHMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 4, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 6, 1890</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>29</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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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 <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Kelso, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ANTHONY WEBER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH HALTER</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY HOHMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALVINA SCHEETER-CHAFFEE, Mo.</u>	ADDRESS <u>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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach with metastasis to liver</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>✓</u>		
	DUE TO (c) <u>✓</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	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>151 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7/30, 1953, to 1/4, 1954 that I last saw the deceased alive on 12/15, 1953, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. McCrein</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>1/6/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. AUGUSTINE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KELSO (SCOTT) Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-6-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Biplinghoff-Chaffee, Mo.</u>	ADDRESS <u>Mo.</u>
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**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

*Jack J. Burnett*

Licensed Embalmer No. *4473*

P. O. Address *Chaffee, 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.