

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24170**

FILED JUL 26 1954

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3060** Registrar's No. **203**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) 508 N. Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Joseph c. (Last) Hogenmiller			4. DATE OF DEATH (Month) (Day) (Year) July 14 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 2 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Ste Genevieve Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Felix Hogenmiller	13b. MOTHER'S MAIDEN NAME Elizabeth Muessig	14. NAME OF HUSBAND OR WIFE Florence Hogenmiller
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Hogenmiller Farmington, Mo.

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 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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)	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 **July 14 1954**, to **July 14 1954**, that I last saw the deceased alive on **July 14 1954**, and that death occurred at **2:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alvan G Karaker M.D.	23b. ADDRESS 316 S Washington, Farmington, Mo	23c. DATE SIGNED July 14, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/17/54	24c. NAME OF CEMETERY OR CREMATORY New Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Missouri
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DATE REC'D BY LOCAL REG. July 14, 1954	REGISTRAR'S SIGNATURE Cather Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home Farmington, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

24 1961

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 *Paul K. Royal*

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.