

FILED AUG 25 1954

STANDARD CERTIFICATE OF DEATH 4410 State File No. 28533

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 59445		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY <i>helps</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Texas</i> b. COUNTY <i>Harris</i>			
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <i>St James</i>		c. LENGTH OF STAY (in this place) <i>2 years</i>		c. CITY OR TOWN <i>La Porte</i>		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 <i>Home</i>				e. STREET ADDRESS (If rural, give location) <i>Don't know</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Edward</i> b. (Middle) <i>Lewis</i> c. (Last) <i>Hoacke</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8 15 1954</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widower</i>		8. DATE OF BIRTH <i>Aug. 29, 1875</i>	
9. AGE (In years last birthday) <i>79</i>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>black smith</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Iron Works</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Carlinville, Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Don't know</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Jane Harris</i>		14. NAME OF HUSBAND OR WIFE <i>Don't know</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>459-01-6077</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Edwina Hoacke St James Mo</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CARCINOMA RECTUM</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>GENERALIZED DEBILITATION.</i>					
		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 <i>154 X</i>				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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>8-15-54</i> , and that death occurred at <i>11:00 P</i> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Richard B. Powell MD</i>				23b. ADDRESS <i>St. James Mo.</i>		23c. DATE SIGNED <i>8-16-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>8-18-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>La Porte Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>La Porte Texas</i>	
DATE REC'D BY LOCAL REG. <i>8-16-54</i>		REGISTRAR'S SIGNATURE <i>Rich B. Powell</i>		479		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Oral E. Replinger St James Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed Aug. 24 - 1954

SEP 10 1956

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 Wm J Licklider....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm J Licklider.....

Licensed Embalmer No. 31

P. O. Address St James

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.