

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34817

State File No.

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY: (If outside corporate limits, write RURAL and give township) <u>Perryville, Mo.</u>		c. CITY OR TOWN <u>Perryville</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. 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 <u>Perry Co. Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>319 S. Spring St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Howard</u> b. (Middle) <u>G.</u> c. (Last) <u>Hoehn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1954</u>		
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. 15, 1915</u>		9. AGE (In years last birthday) <u>39</u>		IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lime Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Michael J. Hoehn</u>		13b. MOTHER'S MAIDEN NAME <u>Isabell Hacker</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Hoehn</u>	
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>494-05-8133</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louise Hoehn Perryville, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</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. <u>Hypertension</u>			<u>5 yr</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>		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) m.		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 Oct 1954 to 24 Oct 1954, that I last saw the deceased alive on 23 Oct 1954, and that death occurred at 9:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James D. Bredale MD</u>		23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>25 Oct 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct 29/54</u>		REGISTRAR'S SIGNATURE <u>Jos. J. Zellmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0791

NOV 9 1954

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 *Edmund C. [unclear]*

Licensed Embalmer No. *213*

P. O. Address *Permyville*

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.