

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4431 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chamois</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mission Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>August Frederick William</u> b. (Middle) <u>Hoehner</u> c. (Last) <u>HOEHNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 55</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>20 MARCH 1881</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Days <u>8</u> IF UNDER 1 HR. Hours <u>2</u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Westphalia, GERMANY</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						

13a. FATHER'S NAME <u>FREDERICK HOEHNER</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE LINGER</u>		14. NAME OF HUSBAND OR WIFE <u>EMELIE WEBER HOEHNER</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L. E. Walker Chamois</u> ADDRESS <u>Chamois</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>Coronary thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				years <u>years</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 9-1, 1957 to 11-20, 1955, that I last saw the deceased alive on 11-20, 1955 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Hughes M.D.</u> (Degree or title?)		23b. ADDRESS <u>Dixon - Mo</u>		23c. DATE SIGNED <u>11-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Chamois, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley E. Shryer Chamois, Mo.</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>11-25-55</u>		REGISTRAR'S SIGNATURE <u>Paula Ann Anderson</u> <u>458</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Filed 11-26-55
File Number

Massachusetts County Health Officer

RECEIVED 11-25-55

DEC 6 1955

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.....

Licensed Embalmer No.....

P. O. Address.....

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.