

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31651**

FILED SEP 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cuba - Meremaco</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Phelps Co. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3 mi S. E. Oakshade Rd.</b>	

3. NAME OF DECEASED (Type or Print) <b>Marie</b>	a. (First)	b. (Middle) <b>Antoinette</b>	c. (Last) <b>Hoelscher</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-19-1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 15 1892</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>4</b>	IF UNDER 1 HR. Hours <b></b>	IF UNDER 15 MIN. Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>	12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Fred Petchonek</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND <del>OR WIFE</del> <b>George C. Hoelscher</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>George Hoelscher</b>	ADDRESS <b>Cuba, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED CARCINOMATOSIS</b>		<b>1 YEAR</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>CARCINOMA OF THE BREAST</b> rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		<b>6 YEARS</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>CARDIAC FAILURE</b>		<b>6 MONTHS.</b>	

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)
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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
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22. I hereby certify that I attended the deceased from **6-20**, 19**56**, to **9-19**, 19**56**, that I last saw the deceased alive on **9-18**, 19**56**, and that death occurred at **5:15 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Mulony</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>St. James Mo.</b>	23c. DATE SIGNED <b>9-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-21-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Kinder Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cuba Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 21, 1956</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Heamon C. Hoelscher</b>	ADDRESS <b>Cuba Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Phelps County Health Officer,

County File Number 528

Date Filed SEP 24 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Norman C. Hoener  
Licensed Embalmer No. 4673

P. O. Address Cuba, 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.