

34627

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 7 - 1956

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hexington</u>		c. LENGTH OF STAY (in this place) <u>1 Week</u>		c. CITY OR TOWN <u>Higginsville</u>		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 <u>Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Main Street</u> 0545			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u>		b. (Middle) <u>JOHN</u>		c. (Last) <u>HOEFER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 13 1956</u>	
5. SEX <u>Male</u> <input type="radio"/>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26, 1873</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR <u>3</u> Months		IF UNDER 24 HRS. <u>8</u> Hours <u>15</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt. Vernon, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>August Hoefer</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Frithe</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Buehler Hoefer Higginsville</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-14-3763</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Hoefer Higginsville, 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>Terminal Broncho Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <u>331X</u>			
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 <u>10-6</u> , 19 <u>56</u> , to <u>10-13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-13</u> , 19 <u>56</u> , and that death occurred at <u>4:30</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John O. Aust</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Higginsville, Mo.</u>		23c. DATE SIGNED <u>10-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-18-56</u>		REGISTRAR'S SIGNATURE <u>Minerva S. Eads</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest H. Hoefer Higginsville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Forest R. Hoefler*.....

Licensed Embalmer No. 4801.....

P. O. Address ...Higginsville,

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.