

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25060

FILED OCT 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY OR TOWN Richland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General		e. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print) a. (First) Emmer b. (Middle) Lee c. (Last) Honssinger			4. DATE OF DEATH (Month) (Day) (Year) Oct 5, 1956		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Jan 24, 1893	9. AGE (In years last birthday) 63	IF UNDER 18: YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Richland Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William F. Honssinger	13b. MOTHER'S MAIDEN NAME Mary E Harrison	14. NAME OF HUSBAND OR WIFE Clarsa C. Honssinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, when was or dates of service) Yes W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eula Mae Wilson Richland, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i>		
	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.			

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) 4201
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 9:29, 1956, to 10:5, 1956, that I last saw the deceased alive on 10:5, 1956, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. D. Stewart 23b. ADDRESS Waynesville 23c. DATE SIGNED 10/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/7/56 24c. NAME OF CEMETERY OR CREMATORY Hazelgreen 24d. LOCATION (City, town, or county) (State) Hazelgreen Missouri

DATE REC'D BY LOCAL REG. 10-7-56 REGISTRAR'S SIGNATURE Eula Mae Wilson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedger Hazelgreen Funeral Homes Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-13-56  
Pulaski County Health Officer  
140  
File Number  
Date Filed 10-7-56

100  
4  
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 .....  
Signature of Student Embalmer

Signed *Walter P. Hedges* .....

Licensed Embalmer No. *426* .....

P. O. Address *Stena,* .....

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.