

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **70**

|   |                                  |  |   |   |   |
|---|----------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>FRANKLIN</b>  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>WASHINGTON</b>   |                                  | c. LENGTH OF STAY (in this place)<br><b>20 days</b>  | c. CITY OR TOWN <b>WASHINGTON</b>   |   | d. Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP.</b>  |                                  |  | e. STREET ADDRESS (If rural, give location)<br><b>RR#2 Box 110</b> <span style="float: right;">03600</span>                                 |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>DAVID</b> b. (Middle) <b>HOELSCHER</b> c. (Last)   |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JAN. 29, 1957</b>   |   |   |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b>        | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>                                  | 8. DATE OF BIRTH <b>JULY 6, 1882</b>  | 9. AGE (In years last birthday) <b>74</b>   | IF UNDER 1 YEAR: Months <b>6</b> Days <b>23</b> IF UNDER 28 HRS: Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMING, RET.</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>OWN FARM</b>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>KRAKOW, MISSOURI</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b>   |
| 13a. FATHER'S NAME<br><b>FERDINAND HOELSCHER</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>LOUISE ROLF</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>FRANCES</b>                                     |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>   |                                  | 16. SOCIAL SECURITY NO. <b>NONE</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>ANTHONY HOELSCHER, WASH. MO</b>   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |                                  |  | MEDICAL CERTIFICATION   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral apoplexy</b>   |                                  |  | ANTECEDENT CAUSES <b>Arteriosclerosis</b>   |   |   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                                  |  | 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? <b>3</b><br>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)<br><b>334X</b>  |   |   |
| 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 <b>Jan 9, 1957</b> to <b>Jan 29, 1957</b> , that I last saw the deceased alive on <b>Jan 29, 1957</b> and that death occurred at <b>1:25 p. m.</b> , from the causes and on the date stated above. |                                  |  |   |   |   |
| 23a. SIGNATURE (Degree or title)<br><b>[Signature]</b>  |                                  |  | 23b. ADDRESS<br><b>Washington Mo</b>  |   | 23c. DATE SIGNED<br><b>1/30/57</b>  |
| 24a. BURIAL-CREMATATION REMOVAL (Specify)<br><b>BURIAL</b>  | 24b. DATE<br><b>FEB. 2, 1957</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>ST. GERTRUDES CATHOLIC</b>                                    |   | 24d. LOCATION (City, town, or county) (State)<br><b>KRAKOW, Mo.</b>               |   |
| DATE REC'D BY LOCAL REG.<br><b>1/31/57</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Henry W. Otto, Washington, Mo.</b> |   |

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

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APR 21 1957

H. W.

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 none Student Embalmer No. .... working under my personal supervision. .

Student .....  
Signature of Student Embalmer

Signed Henry W. Otto  
Licensed Embalmer No. 356  
P. O. Address Washington

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.

12/1/57