

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH27289
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>362</u>		PRIMARY REG. DIST. NO. <u>6234</u>		Registrar's No. <u>113</u>			
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Elkhorn Twp.</u>			c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Warrenton</u>		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				f. STREET ADDRESS (If rural, give location) <u>RR #2, Elkhorn Twp.</u>				<u>1090</u>	
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Edward</u>	b. (Middle) <u>Frank</u>	c. (Last) <u>Henry Hoelscher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 1, 1878</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. 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>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Elkhorn Twp., Warren Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank Hoelscher</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Marie Steinkamp</u>			14. NAME OF HUSBAND OR WIFE <u>-</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Emma Hoelscher, Warrenton, 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>Cerebral occlusion and</u> ANTECEDENT CAUSES <u>Subacute arteritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with atherosclerosis</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None - 4200</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> 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) 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 <u>7-14, 1957</u> , to <u>7-14, 1957</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward Hoelscher</u>				(Degree or title)		23b. ADDRESS <u>Warren City Health Office Warren Mo</u>		23c. DATE SIGNED <u>7-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16, '57</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Warrenton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>7-18-57</u>		REGISTRAR'S SIGNATURE <u>Alloyd Logan</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F.W. Nieburg & Co., Warrenton, Mo.</u>				

(Deceased Employer's Statement on Reverse Side)

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

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 *John E. Herlinger*
Licensed Embalmer No. *44*

P. O. Address *Warrenton*

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.