

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28774**  
Registrar's No. **343**

FILED SEP 12 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>South River RURAL Township</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>DOA</b>		STREET ADDRESS (If rural, give location) <b>7 mi. South Palmyra, Mo.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Walter</b>	b. (Middle) <b>Herman Frederick</b>	c. (Last) <b>Hoenes</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 28 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>29 Sept. 1900</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Op. Gas Sta. &amp; Cafe</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Palmyra, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Adolph Hoenes</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Voepel</b>	14. NAME OF HUSBAND OR WIFE <b>"Selma Schneider</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>486-38-7260</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Walter Hoenes</b>	ADDRESS <b>Rt 2, Palmyra, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Standstill -</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart failure -</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 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) m.	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 **1955** to **28 Aug, 1957**, that I last saw the deceased alive on **27 Aug, 1957**, and that death occurred at **1:15 p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wyneth Hamlin m.d.</b> (Degree or title)	23b. ADDRESS <b>1001 Broadway Hannibal</b>	23c. DATE SIGNED <b>9/4/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>31 Aug. 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Palmyra Mausoleum</b>	24d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9/6/57</b>	REGISTRAR'S SIGNATURE <b>Walter Lucka By H. C. Fisher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Success Brothers - Palmyra, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 1 1 1957  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 1 1 1957

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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 *Georg M. Lewis*

Licensed Embalmer No....4851

P. O. Address Palmyra, Mi

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.