

THE DIVISION OF HEALTH OF MISSOURI				658
STANDARD CERTIFICATE OF DEATH				STATE FILE NUMBER
FILED FEB 3 1958		Registration District No. <u>77</u>		Primary Registration District No. <u>3016</u> Registrar's No. <u>19</u>
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u> <u>264</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Home</u>		Length of stay in 1b	d. STREET ADDRESS <u>1350 W. Main St. Joseph's Home</u>	
3. NAME OF DECEASED (Type or print) <u>Laura Henrietta Hoefler</u>			4. DATE OF DEATH Month <u>January</u> Day <u>27</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 10, 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary for Supreme Court of Missouri</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jefferson City, Mo.</u>	9. AGE (In years last birthday) <u>70</u>	
13a. FATHER'S NAME <u>Adam J. Hoefler</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Schott</u>		14. NAME OF HUSBAND OR WIFE
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>No</u>		17. INFORMANT Address <u>Miss Mathilda Hoefler 1350 W. Main J. C., Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> <u>arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <u>May 22 - 57</u> to <u>Jan 27 - 58</u> and last saw her alive on <u>Jan 26 - 58</u> Death occurred at <u>12:00 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Jeff. City - Mo</u>		22c. DATE SIGNED <u>1-28-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 28, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>
24. FUNERAL DIRECTOR <u>Victor Bueschu</u>		25. DATE RECD. BY LOCAL REG. <u>29 January 1958</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, Md. R.R.</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Victor Breacher*

Licensed Embalmer No. *3701*
P. O. Address *Joro*

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.