

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1046**

FILED FEB 3 1958		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>708</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Clinton</u> c. LENGTH OF STAY (in this place) <u>2 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> c. CITY OR TOWN <u>Clinton</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>812 So. Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>W.</u> c. (Last) <u>Hocher</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>25</u> (Year) <u>1958</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 21 1885</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Keokuk, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>George W. Hocher</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Eliza Oberbury</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessie Hocher</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY <u>498-22-8187</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Hocher</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Hypertension and Uremia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>5 yrs.</u> <u>12 mos.</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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>1-2</u> , 19 <u>58</u> , to <u>1-25</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>58</u> , and that death occurred at <u>12:00 AM</u> from the causes and on the date stated above.				23a. SIGNATURE <u>W.D. Bradshaw, M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton, Mo.</u>	
23c. DATE SIGNED <u>1/25/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros.</u>		25. ADDRESS <u>Sedalia</u>		26. DATE REC'D BY LOCAL REG. <u>1-29-58</u>	
REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros.</u>		27. ADDRESS <u>Sedalia</u>		(Licensed Embalmer'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.....
K.P.M. Lear

Licensed Embalmer No. 315

P. O. Address Sedalia

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.