

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013758
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 127

300
1-57
362

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Washington</u> ⁰³⁶² ₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>344 State St.</u>		Length of stay in 1b <u>45 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>344 State St.</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lillie</u> Middle <u>Alma</u> Last <u>Hoelscher</u>			4. DATE OF DEATH Month <u>April</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 5, 1906</u>		9. AGE (In years last birthday) <u>52</u>
		IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home Warren Co., Missouri</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Koelling</u>		13b. MOTHER'S MAIDEN NAME <u>Senora Cook</u>		14. NAME OF HUSB AND OR WIFE <u>Edward H. Hoelscher</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, any or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Edward H. Hoelscher, Washington, Mo</u>	Address <u>4201</u>
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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>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C-V-Disease</u>			
DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>			

20d. INJURY OCCURRED WHILE AT WORK <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 <u>Washington</u>	COUNTY <u>Franklin</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>13 Apr 58</u> to <u>13 Apr 58</u> and last saw her ^{her} alive on <u>13 Apr 58</u> Death occurred at <u>12:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>R. B. Brown, MD</u>	(Degree or title) <u>0</u>	22b. ADDRESS <u>Washington, Mo</u>	22c. DATE SIGNED <u>17 Apr 58</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 16, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Washington, Missouri</u>
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24. FUNERAL DIRECTOR <u>Heeburg & Witt, Inc., Washington</u>	ADDRESS <u>415 1/2</u>	25. DATE RECD. BY LOCAL REG. <u>4/15/58</u>	26. REGISTRAR'S SIGNATURE <u>J. P. Sudman & J. P. Sudman</u>
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(License and Registrar's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary of Health - Missouri - All diseases in Part I must be causally related.

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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 *Lester A. Vitt*

Licensed Embalmer No. *3254*
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.