

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017760

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 150

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HERMANN 03710		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE ST. FRANCIS HOSPITAL			Length of stay in lb 48 hrs			d. STREET ADDRESS (If outside, give location) 119 W. 5th ST	
3. NAME OF DECEASED (Type or print) First ALMA Middle LOUISE Last HOEMAN				4. DATE OF DEATH Month May Day 9 Year 1958			
5. SEX FEMALE		6. COLOR OR RACE CAU.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN-3-1891	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.		IF UNDER 24 HRS. Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY			10b. KIND OF BUSINESS OR INDUSTRY APPLIANCE			11. BIRTHPLACE (City and state or country) HERMANN Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME ALBERT SCHUBERT				14. MOTHER'S MAIDEN NAME MALVINA RANCHO WILD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-32-579		17. INFORMANT Address W. F. HOEMAN HERMANN Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Coronary occlusion 8 days	
						DUE TO (c) Arteriosclerotic heart disease. 10 yrs.	
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? 4200 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 7:50 a. m. PM p. m.		Month 5 Day 13 Year 1958					
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 HERMANN		COUNTY MISSOURI STATE MO	
21. I attended the deceased from 12-11-56 to 5-9-58 and last saw her ^{her} alive on 5-9-58 Death occurred at 7:50 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Cecil T. Shaw, M.D.				22b. ADDRESS Hermann, Missouri		22c. DATE SIGNED 5-10-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/13/58		23c. NAME OF CEMETERY OR CREMATORY ST. GEORGE CEMETERY		23d. LOCATION (City, town, or county) (State) HERMANN Mo	
24. FUNERAL DIRECTOR HUGO H. BLUMER			ADDRESS HERMANN Mo		25. DATE RECD. BY LOCAL REG. 5/13/58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

MS
AUG 28 1984

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 ROGER W. BLUMER, Student Embalmer No. 55 working under my personal supervision.

Student Roger W. Blumer
Signature of Student Embalmer

Signed Hugost Blumer
Licensed Embalmer No. 310

P. O. Address Terrence

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.