

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019185
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 62

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry County Mem. Hosp.			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 922 W. St. Joseph		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Joseph Middle Madison Last Hoeckeke				4. DATE OF DEATH Month May Day 27 Year 1958						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 17, 1905		9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker			10b. KIND OF BUSINESS OR INDUSTRY Bread		11. BIRTHPLACE (City and state or country) Jackson, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Hoeckeke			13b. MOTHER'S MAIDEN NAME Sarah Masterson			14. NAME OF HUSBAND OR WIFE Hermina Heisserer				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 493-05-5030		17. INFORMANT Address Mrs. Hermina Hoeckeke					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage, Massive							INTERVAL BETWEEN ONSET AND DEATH 8 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							331X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Generalized Arteriosclerosis 2) Diabetes Mellitus							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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____										
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 Perryville, Perry, Mo.		COUNTY Perry STATE Mo.				
21. I attended the deceased from 9 May 19, 1958 to May 27, 1958 and last saw him alive on May 27, 1958 Death occurred at May 27, 1958, 12:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) A. E. McDermott M.D.				22b. ADDRESS 12 S. Jackson St., Perryville, Mo.			22c. DATE SIGNED May 28, 58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE May 30, 1958		23c. NAME OF CEMETERY OR CREMATOR Russell Heights Cem., Jackson, Mo.		23d. LOCATION (City, town, or country) (State) Jackson, Mo.				
24. FEDERAL DIRECTOR Albert Bey, Perryville, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 5-28-58		26. REGISTRAR'S SIGNATURE Joe J. Zuelner			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 12 1958

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, [redacted], Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed Albert Bey

Licensed Embalmer No. 3766

P. O. Address Perryville, Md

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.