

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022391  
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 42

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Higginsville</b>		c. CITY OR TOWN <b>Higginsville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Length of stay in lb <b>25 yrs.</b>	
		STREET ADDRESS (If outside, give location) <b>6541 0 I60I Shelby</b>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>Fredrick</b> Last <b>Held</b>			4. DATE OF DEATH Month <b>6</b> Day <b>20</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 12, 1874</b>	9. AGE (In years last birth) <b>83</b>	IF UNDER 1 YEAR Month <b>6</b> Day <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Wright City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Ernest F. Held</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Koelling</b>	14. NAME OF HUSBAND OR WIFE <b>Lizzie Schowengerdt Held</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>	16. SOCIAL SECURITY NO. <input type="checkbox"/>	17. INFORMANT Address <b>Lizzie Schowengerdt Held Higginsville, Mo.</b>
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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) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b> <b>Years -</b>
DUE TO (b) <b>Generalized arteriosclerosis</b>		
DUE TO (c) <b>4201</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I-(a) <b>Secondary hypertension</b>		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.)
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>	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 COUNTY STATE
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21. I attended the deceased from <b>March 1950</b> to <b>June 20 - 58</b> and last saw her alive on <b>June 20 - 58</b> Death occurred at <b>8 pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>H. Koppenschnick/MD</b> (Degree or title)	22b. ADDRESS <b>Higginsville Mo</b>	22c. DATE SIGNED <b>June 23 - 58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-23-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City</b>	23d. LOCATION (City, town, or county) (State) <b>Higginsville, MO.</b>
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24. FUNERAL DIRECTOR <b>F. A. Hoefler</b> ADDRESS <b>Higginsville, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>6-24-58</b>	26. REGISTRAR'S SIGNATURE <b>Maurice D. Bailey</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8861 JUL 7 1988

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 *Forest R. Hofer* .....

Licensed Embalmer No.....4801.....  
P. O. Address.....Higginsville, MO.....

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.