

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033701
STATE FILE NUMBER

FILED SEP 26 1958 Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 101

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 Central TWP		c. CITY OR TOWN Perryville 0790	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville Rte#2		d. STREET ADDRESS (If outside, give location) Rte #2	
Length of stay in lb Life		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Arthur Middle Hoehn Last Hoehn			4. DATE OF DEATH Month Sept Day 9 Year 1958		
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5. SEX Male ^c	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 19, 1886	9. AGE (In years birthday) 72	FUNDER 1 YEAR Months 7 Days 2	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Hoehn	13b. MOTHER'S MAIDEN NAME Barbara Bergman	14. NAME OF HUSBAND OR WIFE Dora Boxdorfer
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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.	17. INFORMANT Dora Hoehn Address Perryville Rte#2, Mo.
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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) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 3-5 hrs
DUE TO (b) Hypertension & Atherosclerosis		
DUE TO (c) 4201		
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.)
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20c. TIME OF INJURY Hour p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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, Mo	COUNTY Perry	STATE Missouri
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21. I attended the deceased from 12-24-50 to 9-8-58 and last saw her alive on 9-8-58 Death occurred at 1045A on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS Perryville, Mo	22c. DATE SIGNED 9-10-58
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23a. BURIAL REMOVAL (Specify) Burial	23b. DATE Sep 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Peace Lutheran Cem.	23d. LOCATION (City, town, or county) Perry County	(State) Missouri
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24. FUNERAL DIRECTOR Young & Sons Perryville Mo ADDRESS	25. DATE RECD. BY LOCAL REG. 9-11-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

