Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035368
STATE FILE NUMBER

NOV 7 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico — Inside Limits: Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Audrain County — Length of stay in Ib: 13 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Boone
c. CITY OR TOWN: Centralia — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): 0100 214 S. East — Reside on Farm: Yes No X

3. NAME OF DECEASED (Type or print): First: Teresa Middle: Agnes Last: Hoenig

4. DATE OF DEATH: Month: Nov. Day: 2 Year: 1958

5. SEX: Female **6. COLOR OR RACE**: Caucasian **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: April 26, 1880 **9. AGE** (In years last birthday): 78 IF UNDER 1 YEAR: Months 6 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife **10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (City and state or country): Dehison, Iowa **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: John Philip Miller **13b. MOTHER'S MAIDEN NAME**: Dora Meir **14. NAME OF HUSBAND OR WIFE**: Henry W. Hoenig

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: No **17. INFORMANT** Address: Mrs. Lawrence Hoenig, Wellsville, Mo.

MEDICAL CERTIFICATION

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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerosis — 4 months
DUE TO (c): 332X
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

21. I attended the deceased from March 5, 1952, to Nov. 2, 1958 and last saw her alive on Nov. 1, 1958
Death occurred at Audrain Hospital A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Lachance, M. D. **22b. ADDRESS**: 110 W. Speed Centralia, Mo. **22c. DATE SIGNED**: Nov. 3, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Nov. 4, 1958 **23c. NAME OF CEMETERY OR CREMATORY**: Catholic Cemetery **23d. LOCATION** (City, town, or county) (State): Wellsville, Mo.

24. FUNERAL DIRECTOR: Bill Mudor **ADDRESS**: Centralia, Missouri **25. DATE RECD. BY LOCAL REG.**: Nov-3-1958 **26. REGISTRAR'S SIGNATURE**: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

NOV 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, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Billy J. Meeker

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.