

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039319

STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 327

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1-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Koeltztown, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		Length of stay in 1b	d. STREET ADDRESS <u>0760</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>FRANK</u> Last <u>HOELLER</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>12,</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 18, 1888</u>	9. AGE (In years birth day) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Koeltztown, Mo.</u>	
13a. FATHER'S NAME <u>Frank Hoeller</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Evers</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Heisler</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Frank Hoeller Koeltztown, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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.) <u>331 X</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
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 COUNTY _____ STATE _____	
21. I attended the deceased from <u>Nov 2 '58</u> , to <u>Nov 12, '58</u> and last saw him alive on <u>Nov 12, '58</u> Death occurred at <u>11 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Earl L. Lloyd, M.D.</u> (Degree or title)			22b. ADDRESS <u>Jeff. City, Mo.</u>		22c. DATE SIGNED <u>11-14-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/15/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface</u>		23d. LOCATION (City, town, or county) <u>Koeltztown, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Sylvester Helle</u> ADDRESS _____			25. DATE RECD. BY LOCAL REG. <u>J C No. 14 November 1958</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Davis, M.D. M.R.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Sylvester Quill* .....  
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Licensed Embalmer No. ....  
P. O. Address *Jefferson* .....

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.