

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006003

STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 76

FILED FEB 17 1959

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-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Reinbeck	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sant & Hosp.		Length of stay in lb		d. STREET ADDRESS None (If outside, give location)	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LEON Middle FERREST Last HOEG			4. DATE OF DEATH Mon't Feb Day 6 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 8, 1939	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Reinbeck, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles J. Hoeg	13b. MOTHER'S MAIDEN NAME Ona Kramer	14. NAME OF HUSBAND OR WIFE None
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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) Yes	16. SOCIAL SECURITY NO. 480 46 9107	17. INFORMANT U. S. Army Records	Address
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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) Stroke & Hemorrhage resulting from fractured skull & massive subdural hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) from fractured skull & massive subdural hemorrhage	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Was struck by a car
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20c. TIME OF INJURY Hour a.m. p.m. 2-659	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Jadman	COUNTY Lawrence	STATE Mo
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21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Geo. C. Carson (Degree or title) 3	22b. ADDRESS 6622 Parkett's Court	22c. DATE SIGNED 2-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Levanorth, Kansas	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Geo. C. Carson & Son's Independence, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-7-59	26. REGISTRAR'S SIGNATURE James H. [Signature]
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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 *Raymond A. Brown*

Licensed Embalmer No. *4716*

P. O. Address *Independence*

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.