

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006383
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 68

300
1-57

1. PLACE OF DEATH a. COUNTY <u>MARION CO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Curryville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>		d. STREET ADDRESS (If outside, give location) <u>RR #1 Box 141</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JONAS J. HOCHSTETLER</u>		4. DATE OF DEATH Month Day Year <u>MARCH 3 1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 14, 1938</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>Taylor County, Wis</u>
13a. FATHER'S NAME <u>John J. Hochstetler</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA J. BARNTRAGER</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT Address <u>ANNA J. HOCHSTETLER, Curryville, 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>Bulbar Poliomyelitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 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) <u>Convulsion prior to death.</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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
21. I attended the deceased from <u>3/3/59</u> to <u>3/3/59</u> and last saw ^{her} _{him} alive on <u>3/3/59</u> Death occurred at <u>5:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Emma L. Herse MD</u> (Name or title)		22b. ADDRESS <u>Madalia, Mo</u>	22c. DATE SIGNED <u>3/4/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAR. 6, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>AMISH CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>PIKE CO. MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BANKHEAD FUNERAL CHAPEL BOWLING GREEN MO.</u>		25. DATE RECD. BY LOCAL REG. <u>March 6, 59</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by H. C. Fisher</u>

(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

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 *Harold C. Kirk*

Licensed Embalmer No. *4587*

P. O. Address *Hamlet, Ind*

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.