

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006595

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

374

Primary Registration District No.

3052

Registrar's No.

82

300
-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sedalia, Missouri</u> 68048 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rest Home - 209 Washington 4 days</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>209-S-Washington</u>
3. NAME OF DECEASED (Type or print) First <u>Mrs. Mary</u> Middle <u>Margaret</u> Last <u>Hoins</u>		4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-25-1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	9. AGE (In years last birthday) <u>90</u>
11a. FATHER'S NAME <u>Peter Kahrs</u>		11b. MOTHER'S MAIDEN NAME <u>Margareth Schluising</u>	11c. NAME OF HUSBAND OR WIFE <u>John Hoins (Deceased)</u>
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 <u>R. B. Kahrs - 1104 W. 11th - Sedalia, 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>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ATHEROSCLEROSIS</u>		<u>10 YRS</u>	
DUE TO (c) <u>CORONARY ARTERIOSCLEROSIS</u>		<u>YEARS</u>	
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>4201</u>	
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>5-10-46</u> to <u>3-2-59</u> and last saw him alive on <u>2-20-59</u> Death occurred at <u>11:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. Maunders</u>		22b. ADDRESS <u>Sedalia, Mo.</u>	22c. DATE SIGNED <u>3/3/59</u>
23a. NAME OF CEMETERY OR CREMATORY <u>Salim</u>		23b. DATE <u>3-4-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Salim</u>		23d. LOCATION (City, town, or county) (State) <u>Pettis Washington - turnpike Mo.</u>	
24. FUNERAL DIRECTOR <u>Managers Fun Home Miller, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>March 4-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Franca Shelby</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 *Richard D. Conn*

Licensed Embalmer No. *4703*
P. O. Address *Lepton, Mo.*

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.