

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022039

STATE FILE NUMBER

FILED JUL 8 1959

Registration District No. 172

Primary Registration District No. 4272

Registrar's No. 56

S. 300

1-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		c. CITY OR TOWN Higginsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic		d. STREET ADDRESS (If outside, give location) 054 IIII Elm	
Length of stay in lb 5 weeks		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oscar Middle Henry Last Hoefler			4. DATE OF DEATH Month 6 Day 29 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1882
9. AGE (In years last birth) 76		10. FUNDERS YEAR VI	11. IF UNDER 24 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Representative		10b. KIND OF BUSINESS OR INDUSTRY Life Insurance	11. BIRTHPLACE (City and state or country) Higginsville
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Hoefler	
13b. MOTHER'S MAIDEN NAME Lewine Hackman		14. NAME OF HUSBAND OR WIFE Doris Johnson Hoefler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT Boris Hoefler Address Higginsville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular renal disease			INTERVAL BETWEEN ONSET AND DEATH 13 yrs. plus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Arteriosclerosis, generalized			13 yrs. plus
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia			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.) 442x	
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 1946 , to 6-29-59 and last saw him alive on 6-29-59 Death occurred at 8:05 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jordan Kelling MD</i>		22b. ADDRESS Waverly, Missouri	
22c. DATE SIGNED 7-2-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-1-1959		23c. NAME OF CEMETERY OR CREMATORY City	
23d. LOCATION (City, town, or county) (State) Higginsville, Missouri		24. FUNERAL DIRECTOR F. A. Hoefler ADDRESS Higginsville, Mo.	
25. DATE RECD. BY LOCAL REG. June 3, 1959		26. REGISTRAR'S SIGNATURE <i>Lutis Jordan Jordan</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JUL 9 1960

JUL 6 1960

AUG 21 1960

MS
SEP 12 1960

STATEMENT BY LICENSED EMBALMER

JUL 9 1960

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 *Forrest R. Hooper*

Licensed Embalmer No. *4801*
P. O. Address *Higginsville, 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.