

**R1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-028234**

FILED VS AUG 31 1959

Registration-District No. 042 Primary Registration District No. 1000 Registrar's No. 855

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Buchanan</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>	
Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rte #1, Leonard Road</b>				d. STREET ADDRESS (If outside, give location) <b>Rte #1, Leonard Road</b>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Robert</b>		Middle <b>Lewis</b>		Last <b>Hochenauer</b>		Month Day Year <b>August 18, 1959</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 3, 1908</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Self employed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Salesman</b>		11. BIRTHPLACE (City and state or country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gottfried Hochenauer</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Snowburger</b>		14. NAME OF HUSBAND OR WIFE <b>Vanita Hochenauer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>500-10-4755</b>		17. INFORMANT Address <b>Mrs. Vanita Hochenauer, St. Joseph, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Traumatic Shock and hemorrhage of cerebral vessels &amp; empyema</b>							<b>at once</b>
DUE TO (b) <b>Self-inflicted pistol wound in head concerning illness</b>							<b>at once</b>
DUE TO (c) <b>Due to mental depression</b>							<b>uncertain</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE <input checked="" 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 <b>10 a.m.</b> Month, Day, Year <b>Aug 15 59</b>	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, farm, factory, street, office bldg., etc.) <b>at home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Rte 1 Leonard Rd St Joseph Buchanan Mo</b>		
21. I attended the deceased from <b>breathed body</b> and last saw him <b>Aug 18 59</b> Death occurred at <b>10:00 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>S.F. Meluney M.D. Coronator</b>				22b. ADDRESS <b>214 Kirkpatrick Bldg St. Joseph 8, Mo</b>		22c. DATE SIGNED <b>Aug 21 59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Aug. 21, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Wesleyan - Leonard St. Joseph, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>Aug. 24 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>		

DOCUMENT

BY AFFIDAVIT OF S.F. Meluney, M.D. 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David J. Johnny

Licensed Embalmer No. 4-679

P. O. Address St Joseph

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.