

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

**59-035758**

**FILED VS NOV 13 1959**

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 95

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Gasconade</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>(Roark Twp)</b>		Length of stay in 1b <b>Lifetime</b>		c. CITY OR TOWN <b>(Roark TwP)</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 mi. S. W. of Hermann</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2 mi. S. W. of Hermann</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>RICHARD JOHN HOERSCH</b>				4. DATE OF DEATH Month <b>Oct</b> Day <b>29</b> Year <b>1959</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau</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>5/30/1886</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Pettroleum</b>		11. BIRTHPLACE (City and state or country) <b>Hermann, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>		
13a. FATHER'S NAME <b>Fred Hoersch</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Grossmann</b>			14. NAME OF HUSBAND OR WIFE <b>Edna Hoersch</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>489-09-5027</b>		17. INFORMANT Address <b>Mrs. Edna Hoersch, Hermann, Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MUXINOUS ADENOCARCINOMA OF COLON</b>							INTERVAL BETWEEN ONSET AND DEATH <b>11 mos</b>		
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)						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 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.)						
20c. TIME OF INJURY Hour . . . . . a.m. . . . . p.m. . . . .		Month, Day, Year							
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>6-20-59</u> to <u>10-29-59</u> and last saw her alive on <u>10-27-59</u> Death occurred at <u>6:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22. SIGNATURE (Degree or title) <b>George M. Workman M.D.</b>				22b. ADDRESS <b>HERMANN, MO</b>				22c. DATE SIGNED <b>10-30-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/31/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hermann Cemetery</b>			23d. LOCATION (City, town, or county) <b>Hermann Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Hugo H. Blumer Hermann, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>10-30-59</b>		26. REGISTRAR'S SIGNATURE <b>Delma Uffelmann</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 \_\_\_\_\_

*Hugast. Bremer*

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.