

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018981

FILED VS JUN 13 1960

Registration District No. 119 Primary Registration District No. 9193 Registrar's No. 13

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hermann.		Length of stay in 1b 27 Yrs.		c. CITY OR TOWN Hermann		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 300 W. 4th. St.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 300 W. 4th. St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Hugo Hoereth				4. DATE OF DEATH Month Day Year May 31, 1960			
5. SEX Male	6. COLOR OR RACE Cau.	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-6-1885	9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office		11. BIRTHPLACE (City and state or country) Bluffton, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Adam Hoereth			13b. MOTHER'S MAIDEN NAME Anna Bruening		14. NAME OF HUSBAND OR WIFE Hazel Hampton Hoereth		
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. 567-32-2258		17. INFORMANT Address Mrs. Hazel Hoereth Hermann, 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) MYOCARDIAL INFARCTION DUE TO (b) (Found dead in street near own home) MOWING LAWN DUE TO (c) OWN HOME Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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 <input checked="" type="checkbox"/> to <input checked="" type="checkbox"/> and last saw her/him alive on <input checked="" type="checkbox"/> Death occurred at 10:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugo H. Blumer CORONER				22b. ADDRESS HERMANN MO		22c. DATE SIGNED 5/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-3-1960	23c. NAME OF CEMETERY OR CREMATORY Best Bottom		23d. LOCATION (City, town, or county) (State) Rhineland, Mo. RFD		
24. FUNERAL DIRECTOR ADDRESS Hugo H. Blumer Hermann, Mo.				25. DATE RECD. BY LOCAL REG. 6-2-60		26. REGISTRAR'S SIGNATURE Delma Uffelman	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0361 8 I NCR SA

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 _____

Licensed Embalmer No. 3160

P. O. Address Meriden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.