

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 6 1961

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-61-002300

STATE FILE NUMBER

AMENDED

Registration-District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Moniteau		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California		a. STATE Mo.		b. COUNTY Moniteau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. South St.		Length of stay in 1b Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN California		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Johannah		Middle Christena		Last Hoepfinger	
5. SEX Female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-5-1877	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dressmaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Moniteau County Mo.		9. AGE (last birthday) 83	
13a. FATHER'S NAME Charley Hoepfinger		13b. MOTHER'S MAIDEN NAME Elizabeth Swades		14. NAME OF HUSBAND OR WIFE Mrs. Geo. Hess, California, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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. no		17. INFORMANT Mrs. Geo. Hess, California, Mo.		Address	
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) <u>Coronary Thrombosis</u>						1 Year	
DUE TO (b) <u>Generalized arteriosclerosis</u>						5 years	
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>Feb 8, 1951</u> to <u>Jan 29, 1961</u> and last saw her <u>6 A</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at _____							
22a. SIGNATURE (Degree or title) <u>Kenneth Latham MD</u>				22b. ADDRESS <u>California, Mo</u>		22c. DATE SIGNED <u>2-1-61</u>	
23a. BURIAL CREATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-2-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		23d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>	
24. FUNERAL DIRECTOR <u>A.E. Wilson</u>		ADDRESS <u>California, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb, 2/61</u>		26. REGISTRAR'S SIGNATURE <u>Wm H Pope</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.