MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028834
STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 5433 Registrar's No. 196

FILED AUG 21 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: UNION
Length of stay in 1b: 6-Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: X
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: FRANKLIN
c. CITY OR TOWN: BEAUFORT-MO. / Mo. FRANKLIN-COUNTY
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): [redacted], BEAUFORT, Mo.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LOUIS- Middle H. Last HOELSCHER
4. DATE OF DEATH: Month AUG. Day 16 Year 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: OCT 18-1870
9. AGE (last birthday): 90 YRS.
IF UNDER 1 YEAR: Months 9 Days 19
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and state or country): BEAUFORT, Mo.
12. CITIZEN OF WHAT COUNTRY: USA ~~FRANKLIN~~
13a. FATHER'S NAME: X Hoelscher
13b. MOTHER'S MAIDEN NAME: LUISE- KLUSMEIER
14. NAME OF HUSBAND OR WIFE: SOPHIE- HOELSCHER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: X NO-
17. INFORMANT: FRED HOELSCHER, Address: BEAUFORT Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fracture of left hip
INTERVAL BETWEEN ONSET AND DEATH: 4 days
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): Cerebral Arterial Sclerosis & Alcoholism
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour 12:00 o'clock a.m. p.m. (around noon) Month, Day, Year 8-14-61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): AT SONS HOME
20f. CITY, TOWN, OR LOCATION: UNION, COUNTY: FRANKLIN, STATE: Mo.
21. I attended the deceased from 1950 to 1961 and last saw ~~her~~ him alive on 8-14-61
Death occurred at Home 9.00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: Gerald Mo.
22c. DATE SIGNED: 8-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Aug 20 1961
23c. NAME OF CEMETERY OR CREMATORY: ST. JOHNS-LUTHERAN
23d. LOCATION (City, town, or county) (State): BEAUFORT, MO.
24. FUNERAL DIRECTOR: Harold W. Holderrieth
ADDRESS:
25. DATE REC'D BY LOCAL REG.: 8/19/61
26. REGISTRAR'S SIGNATURE: Leola E. Heidmann

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Milford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.