

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035670
STATE FILE NUMBER

AMENDED **FILED SEP 28 1961** Primary Registration District No. **4531** Registrar's No. **47**

1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) Warrenton			Length of stay in 1b 21 Days		c. CITY OR TOWN New Haven		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Katy Jane Nursing				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Frank Middle William Last Hoemann			4. DATE OF DEATH Month Sept. Day 25 Year 1961				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-26-1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 1 Days 29 Hours Min. 	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Beaufort Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Frank Heemann			13b. MOTHER'S MAIDEN NAME Carolina Kampschmidt		14. NAME OF HUSBAND OR WIFE Bertha Hoemann		
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. 		17. INFORMANT Mrs. Frank Hoemann, New Haven 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) Generalized arteriosclerosis with arteriosclerotic heart disease							unknown
DUE TO (b) Arteriosclerotic gangrene of right foot.							"
DUE TO (c) Diabetes mellitus							"
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 9-4-61 to 9-25-61 and last saw her alive on 9-24-61 Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy or Title) <i>Floyd Lagan</i>				22b. ADDRESS <i>Warrenton Mo</i>			22c. DATE SIGNED <i>9-26-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-29-1961	23c. NAME OF CEMETERY OR CREMATORY Port Hudson Luth Cem		23d. LOCATION (City, town, or county) (State) Port Hudson Mo.		
24. FUNERAL DIRECTOR ADDRESS L. C. Fertig & Son New Haven Mo.			25. DATE RECD. BY LOCAL REG. 9-26-61		26. REGISTRAR'S SIGNATURE <i>Floyd Lagan</i>		

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

SEP 11 1962

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 Carl C. Gentry

Licensed Embalmer No. 13385

P. O. Address New Haven, Ct.

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.