

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005782

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 70

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 25 1963

1. PLACE OF DEATH
 a. COUNTY Cole
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. Length of stay in 1b 6 Days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys' Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Maries
 c. CITY OR TOWN Vienna, Mo. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Jackson Twp. Residence on Farm Yes No

3. NAME OF DECEASED First Margaret Middle O. Last Hoeller 4. DATE OF DEATH: Month Feb. Day 19 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/18/1889 9. AGE (last birthday) 73 IF UNDER 1 YEAR: Months II Days I IF UNDER 24 HR: Hours I Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Housekeeping 11. BIRTHPLACE (City and state or country) Maries County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Hoeller 13b. MOTHER'S MAIDEN NAME Mary Kloepfel 14. NAME OF HUSBAND OR WIFE none

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. [redacted] 17. INFORMANT Address Lena Hoeller, Vienna, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 8 days
 DUE TO (b)
 DUE TO (c)
 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)
 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 a.m. p.m. Month, Day, Year

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/13/63 to 2/19/63 and last saw her/him alive on 2/19/63
 Death occurred at 10:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John V. Lenthers MD (Degree or title) 22b. ADDRESS 302 Bellevue Jefferson City, Mo. 22c. DATE SIGNED 2/20/63

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 2/22/63 23c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery 23d. LOCATION (City, town, or county) (State) Vienna, Mo.

24. FUNERAL DIRECTOR W. C. Birmingham, Vienna, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 20 February 1963 26. REGISTRAR'S SIGNATURE R.P. Norris MA - Richter, J.P.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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MEDICAL CERTIFICATION

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USE BLACK INK OR TYPEWRITER RIBBON

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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 *M. C. Birmingham*

Licensed Embalmer No. 3664

P. O. Address Vienna 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.