

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0005842

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 42 STATE FILE NUMBER

FILED FEB 17 1964

VS 300 Rev. 4/59

1 0365  
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12 90-0  
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		c. CITY OR TOWN <b>Washington</b>	
Length of stay in 1b <b>75 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>801 West 2nd. St.</b>		d. STREET ADDRESS (If outside, give location) <b>801 West 2nd. St.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Gustav Henry Hoemann</b>			4. DATE OF DEATH Month <b>February</b> Day <b>12</b> Year <b>1964</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/27/1875</b>
9. AGE (last birthday) <b>88</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retail Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Store</b>	11. BIRTHPLACE (City and state or country) <b>Franklin County, Mo. U. S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S.A.</b>		13a. FATHER'S NAME <b>Henry Hoemann</b>	
13b. MOTHER'S MAIDEN NAME <b>Lousia Wesselschmidt</b>		14. NAME OF HUSBAND OR WIFE <b>Lydia Hoemann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>30</b>	
17. INFORMANT <b>G. H. Hoemann Jr.</b>		Address <b>801 W. 2nd Washington, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac decompensation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-sclerosis</b>			
DUE TO (c) <b>age</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chr. myelofibrosis</b>			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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>1/10/64</b> to <b>2/8/64</b> and last saw him alive on <b>Feb-8, 1964</b> Death occurred at <b>4:00 a.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. Munch M.D.</b>		22b. ADDRESS <b>205 Elm Washington Mo</b>	22c. DATE SIGNED <b>2/12/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/15/1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Washington, Missouri</b>
24. FUNERAL DIRECTOR <b>Henry W. Otto, Washington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2/13/64</b>	26. REGISTRAR'S SIGNATURE <b>Leola C. Heiderman</b>

AAAAA

APR 3 1964

APR 10 1964

x

**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 George R Shockley

Licensed Embalmer No. 3006

P. O. Address Washington, 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.