

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

281338

STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Windsor</b> 0420		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>			Length of stay in lb <b>1 year</b>	d. STREET ADDRESS (If outside, give location) <b>R # 3</b>			Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>James Joseph Hohl</b>				4. DATE OF DEATH Month Day Year <b>Aug. 15, 1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 12, 1954</b>		9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Las Vegas, Nevada</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>James P. Hohl</b>				14. MOTHER'S MAIDEN NAME <b>Bernadine Waldron</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>None</b>		17. INFORMANT Address <b>James P. Hohl, Windsor, 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>Acute Respiratory Collapse</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Accidental Poisoning by Ingestion of 7 1/2 SAs Tablets of unknown quantity</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) <b>Acute Viral Influenza - post week</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1-2 hrs.</b> <b>4 1/2 hrs.</b> <b>8880</b> <b>14</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>							
20a. ACCIDENT <input checked="" 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.) <b>child took mother's Iron tablet</b>						
20c. TIME OF INJURY <b>9:30 a.m. 8 15 57</b>	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.) <b>home</b>						
20f. CITY, TOWN, OR LOCATION <b>Windsor</b>	20g. COUNTY <b>Henry</b>		20h. STATE <b>Mo.</b>				
21. I attended the deceased from <b>Nov. 16 - 56</b> , to <b>Aug 15 - 57</b> and last saw her alive on <b>Aug 15 - 57</b> Death occurred at <b>Windsor Hospital 2pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Claude M. Shurber, M.D.</b>				22b. ADDRESS <b>Windsor, Mo.</b>		22c. DATE SIGNED <b>8-20-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 17, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lawel Oak Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Windsor Mo.</b>			
24. FUNERAL DIRECTOR <b>Ellis Huston, Windsor, Mo.</b>		25. DATE RECD. BY LOCAL LEG. <b>8-30-57</b>		26. REGISTRAR'S SIGNATURE <b>Melred Bigum</b>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clifford Gouge*

Licensed Embalmer No. *50*

P. O. Address *Windsor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.