Health,
& Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-022161

FILED JUN 19 1959 Registration District No. 207 Primary Registration District No. 5753 STATE FILE NUMBER Registrar's No.

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Maries
c. CITY OR TOWN: Meta Rt 2 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John Middle George Last Hoeller

4. DATE OF DEATH: Month June Day 7 Year 1959

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 5, 1893
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: 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
11. BIRTHPLACE (City and state or country): Koeltztown Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Frank Hoeller
13b. MOTHER'S MAIDEN NAME: Katherine Evers
14. NAME OF HUSBAND OR WIFE: never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.
17. INFORMANT: Joseph J. Hoeller, Address: Meta, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: few hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis generalized — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331X
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 3-10-59, to ____ and last saw him alive on 6-7-59
Death occurred at 10:00 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Brian A Dayton M.D. (Degree or title)
22b. ADDRESS: Jefferson City, Mo
22c. DATE SIGNED: 6-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/10/59
23c. NAME OF CEMETERY OR CREMATORY: St. Cecilia
23d. LOCATION (City, town, or county) (State): Meta, Mo

24. FUNERAL DIRECTOR: Hedges Funeral Homes Meta, Mo
25. DATE RECD. BY LOCAL REG.: 6-10-59
26. REGISTRAR'S SIGNATURE: Mozelle Hutchison

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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JUN 19 1959

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Hema, 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.