

STANDARD CERTIFICATE OF DEATH

State File No. **2518**

FILED JAN 23 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 17

0940
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY OR TOWN Farmington		c. CITY OR TOWN Farmington, Rural 0940	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) St. Francois Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francois Twp.—Rural			

3. NAME OF DECEASED (Type or Print) CAROLINE LOUISE HOEHN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH January 13 1952
				(Month) (Day) (Year)

5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 21 1886	9. AGE (In years) 65	IF UNDER 1 YEAR 3	IF UNDER 1 MONTH 22	IF UNDER 1 HOUR
				Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Farmington Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christian Schuttler	13b. MOTHER'S MAIDEN NAME Fredricks Siebecker	14. NAME OF HUSBAND OR WIFE Daniel Hoehn
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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. None	17. INFORMANT'S SIGNATURE OR NAME Carl Hoehn	ADDRESS Farmington Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from artery of brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) General arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis/Heart Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 334x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-22, 1951, to 1-13, 1952, that I last saw the deceased alive on 1-10, 1952, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. Richard Conner M.D.	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 1-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Jan 15 1951	24c. NAME OF CEMETERY OR CREMATORY COPENHAGEN	24d. LOCATION (City, town, or county) (State) FARMINGTON MO
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DATE REC'D BY LOCAL REG. Jan. 15, 1952	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C.H. COZMAN	ADDRESS FARMINGTON MO
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STATEMENT BY LICENSED EMBALMER

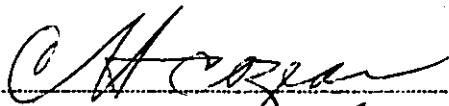
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. Farmington N.C.

P. O. Address 402 4th

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 this body is not embalmed, fact should be so stated above.