

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **668**

FILED FEB 3 1949

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 1401 E. High St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1401 E. High St.			

3. NAME OF DECEASED
a. (First) **Eizabeth** b. (Middle) **Hoefer** c. (Last) _____
(Type or Print)

4. DATE OF DEATH **Jan 23, 1949**
(Month) (Day) (Year)

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **Oct. 5, 1874** 9. AGE (In years last birthday) **74** IF UNDER 1 YEAR: Months **3** Days **18** IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Saleslady**

10b. KIND OF BUSINESS OR INDUSTRY **Dallmeyers**

11. BIRTHPLACE (State or foreign country) **Jefferson City, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Adam J. Hoefer** 13b. MOTHER'S MAIDEN NAME **Katherine Schott** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME **Miss Laura Hoefer** ADDRESS **Jefferson City**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **arteriosclerotic heart disease**

ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4/200** 20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Sept 1, 1948**, to **Dec 31, 1948**, that I last saw the deceased alive on **Dec 31, 1948**, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Earl S. Lloyd, M.D.** (Degree or title) 23b. ADDRESS **425 Madison - Jeff. City, Mo.** 23c. DATE SIGNED **1-25-49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan 25, 1949** 24c. NAME OF CEMETERY OR CREMATORY **Riverview Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson City, Mo.**

DATE REC'D BY LOCAL REG. **Jan 25-49** REGISTRAR'S SIGNATURE **R.P. Ferris MD-469** FUNERAL DIRECTOR'S SIGNATURE **Victor Buescher** ADDRESS **Jefferson City, Mo.**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 2 1949

MAY 12 1951

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.