

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 669

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

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>12 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Pershing</u>		10 0 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) _____ c. (Last) <u>HOFFMANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 5 - 1949</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>August-16-1867</u>		
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd-Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Pershing - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Andrew Hoffmann</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhemina Boeke</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Hoffmann-Dec-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Hoffmann - Herman Mo</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Cardiac vascular</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>Yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb 4</u> , 19 <u>49</u> , to <u>Feb 5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>49</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Ben Adair</u>				23b. ADDRESS <u>Jefferson City Mo.</u>		23c. DATE SIGNED <u>2-7-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM-Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hopewell Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 7-49</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris MD-MR.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Norton - Lima, Mo</u>			

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed FEB 10 1949

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.

Signed  Vernon M. Mouton

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No.  4125

P. O. Address  Levin

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.