

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2088

FILED FEB 9 1949

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give town or township) Perryville		c. CITY (If outside corporate limits, write RURAL and give township) Rural Central Township	
c. LENGTH OF STAY (in this place) 5 months		d. STREET ADDRESS (If rural, give location) Perryville, R4.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Barbara c. (Last) Hoffman			4. DATE OF DEATH (Month) (Day) (Year) January 24, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 19, 1880
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Perry County, Mo. 1)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ferdinand Sutterer		13b. MOTHER'S MAIDEN NAME Amelia Bremer	14. NAME OF HUSBAND OR WIFE Leon H. Hoffman
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 ADDRESS Leroy Hoffman, Perryville, Mo.
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) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial degeneration DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4220	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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)	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>10 Jan, 1949</u> , to <u>24 Jan, 1949</u> , that I last saw the deceased alive on <u>22 Jan, 1949</u> , and that death occurred at <u>2:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Winnab Bechler M.D.		23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 24 Jan 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 26, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope.	24d. LOCATION (City, town, or county) (State) Perryville, Mo.
DATE/REC'D BY LOCAL REG. Jan 24-1949	REGISTRAR'S SIGNATURE Joe J. Zellmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Bey Perryville, Mo.	

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

RECEIVED

District Health Officer No. 4
District File Number 249-207
Date Filed 2-8-49

FFB 2-10-49

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 _____
Student Embalmer

Signed Albert Bey
Licensed Embalmer No. 3866
P. O. Address Ferryville, Mo.

~~Not~~ 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.