

3926

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

FILED JUN 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15537

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 475

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 521 E. Monroe	
d. FULL NAME OF HOSPITAL OR INSTITUTION 521 E. Monroe		d. STREET ADDRESS 521 E. Monroe	

3. NAME OF DECEASED (Type or Print)	a. (First) James Edward	b. (Middle) Hoffman	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) MAY 28, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 24, 1861	9. AGE (In years last birthday) 88	10. IF UNDER 1 YEAR (Months) 2	11. IF UNDER 24 HRS. (Days) 4	12. IF UNDER 2 HRS. (Hours) 4	13. IF UNDER 15 MIN. (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Machinist	11. BIRTHPLACE (State or foreign country) Columbia, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Maggie Hoffman
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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 Walter B. Simpson	ADDRESS Springfield,
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 15 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4222
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Complete Heart Block		?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Aug 14, 1948**, to **May 26, 1949**, that I last saw the deceased alive on **May 28, 1949**, and that death occurred at **4:00 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herbert C. Coffey M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 5-31-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 30, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Nebo	24d. LOCATION (City, town, or county) (State) Columbia, Tennessee
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DATE REC'D BY LOCAL REG 5-31-49	REGISTRAR'S SIGNATURE W. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Banner Schauf	ADDRESS Springfield, 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 *Harry Lyne*

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.

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