

STANDARD CERTIFICATE OF DEATH

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

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 284 PRIMARY REG. DIST. NO. 3006 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: facility before death) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>1 hour</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		88
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Wabash Employers Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1115 Buchanan</b>		
3. NAME OF DECEASED (Type or Print) <b>Edward Harry Hoffman</b>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>July 13 1949</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 25 1889</b>	9. AGE (In years last birthday) (Months) (Days) <b>60 1 18</b>	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>car repairer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR</b>	11. BIRTHPLACE (State or foreign country) <b>France</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>No data</b>		13b. MOTHER'S MAIDEN NAME <b>No data</b>		14. NAME OF HUSBAND OR WIFE <b>Murtie Frances</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. <b>702-05-9270</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Murtie Frances Hoffman - Moberly, Mo</b>		
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) <b>Myocardial Infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe Heart Muscle Damage</b>  DUE TO (c) <b>/</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>4501</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>/</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 <b>4-23</b> , 19 <b>49</b> , to <b>5-18</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>July 15</b> , 19 <b>49</b> , and that death occurred at <b>2:30 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>H. Brown, M.D.</b>			23b. ADDRESS <b>Wabash Hospital</b>		23c. DATE SIGNED <b>July 15 49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>July 15 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>		
DATE REC'D BY LOCAL REG. <b>7-15-49</b>	REGISTRAR'S SIGNATURE <b>Seali Williams</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wabash and Son, Moberly, Mo.</b>		

JUL 26 1949

RECEIVED JUL 18  
District Health Officer  
District No. 245  
JUL 18 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.

Student .....  
Student Embalmer

Signed Frank B. J. Witt

Licensed Embalmer No. 3021

P. O. Address Woburn, Mass.

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.

*Don't forget*