

FILED OCT 22 1949 STANDARD CERTIFICATE OF DEATH

State File No. _____ Registrar's No. 70

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Rural Shannon</u>		c. CITY OR TOWN <u>Rural Shannon</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>2 Mi N.E. Fruitland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Mi N.E. Fruitland</u>			

3. NAME OF DECEASED (Type or Print) <u>LIZZIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-11-1949</u>		
a. (First)	b. (Middle)		c. (Last) <u>HOFFMAN</u>		

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 16 1885</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>
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13a. FATHER'S NAME <u>John Shoults</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. Hoffman - Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Archie Hoffman Jackson R-3</u>	ADDRESS <u>Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Hypertension</u>		

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 9-12, 1949, to 10-10, 1949, that I last saw the deceased alive on 10-10, 1949, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. F. McDonald, M.D.</u> (Degree or title)	23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>10-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 12-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Apple Creek Church</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/15-49</u>	REGISTRAR'S SIGNATURE <u>D. G. Sutor</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seabough Laird Jackson Mo.</u>	ADDRESS
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No. 300
10.48

16
96

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

RECEIVED 10-17-49

District Health Officer No. 4

District File Number 1049-135

Date Filed

NOV 1 1960

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 R. O. Laird

Signed Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.