

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10.48

FILED MAR 3 1950

State File No. **5261**

541
1

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>3034</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		c. LENGTH OF STAY (In this place) <u>37 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Higginsville</u>		<u>0541</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Ida</u> c. (Last) <u>Lohoefer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1950</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 5, 1894</u>		9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Drake, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>John Dyrssen</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wolff</u>		14. NAME OF HUSBAND OR WIFE <u>Theo. J. Lohoefer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theo. J. Lohoefer Higginsville</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>Dissecting aneurysm of the aorta.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Degenerative disease of the aorta.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> <u>Unknown</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>April 9, 1949</u> , to <u>Feb. 17, 1950</u> , that I last saw the deceased alive on <u>Feb. 17, 1950</u> , and that death occurred at <u>4:30A</u> or, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert C. Best, M.D.</u>				23b. ADDRESS <u>Higginsville, Missouri</u>		23c. DATE SIGNED <u>2-20-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 24-1950</u>		REGISTRAR'S SIGNATURE <u>Clayton W Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. Forrest</u>		ADDRESS <u>Higginsville</u>		

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

RECEIVED FEB 28
District Health Officer No. 8,
District of Columbia
3-2-50

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
Forrest R. Hofer, Student Embalmer No. 354
working under my personal supervision.

Signed Forrest R. Hofer
Student Embalmer

Signed Forrest A. Hofer
Licensed Embalmer No. 4358
P. O. Address Higginville, 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.