

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11815

State File No. ....

FILED APR 21 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5004 Registrar's No. 96

2010

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

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ADAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NOVINGER RT. 1</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home -2 miles west Nov</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles west of Novinger.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RICHARD</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>HOFFMANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 27, 1872</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months	11. UNDER 1 MIN. Hours	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willabald Hoffmann</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmena Efler</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Floyd(D)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Albert M. Kissley</u>	ADDRESS <u>Novinger, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic dilatation of the Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u>		
	DUE TO (c) <u>✓</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			<u>4343</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 May, 1940, to April 12, 1950, that I last saw the deceased alive on April 12, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>W. H. Garrison M.D.</u>	23b. ADDRESS <u>Novinger Mo.</u>	23c. DATE SIGNED <u>4-14-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Novinger Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-14-50</u>	REGISTRAR'S SIGNATURE <u>W. H. Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u>	ADDRESS <u>Kirksville Mo</u>
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RECEIVED APR 17 1950

District Health Officer No.

District File Number 4-50-16

Date Filed APR 17 1950

**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 Robert B. Harris

Licensed Embalmer No. 4219

P. O. Address Kiskville, 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.