

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13687

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4281		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Lewis b. CITY (If outside corporate limits, write RURAL and give township) Canton Canton c. LENGTH OF STAY (In this place) Lifetime d. FULL NAME OF HOSPITAL OR INSTITUTION At home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis c. CITY (If outside corporate limits, write RURAL and give township) Canton d. STREET ADDRESS (If rural, give location) 512 CLewis St.			
3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) - c. (Last) Best		4. DATE OF DEATH (Month) (Day) (Year) Apr. 14, 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 1, 1869		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lewis County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Hoffman		13b. MOTHER'S MAIDEN NAME Catherine Hoerer		14. NAME OF HUSBAND OR WIFE Joseph Best			
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 ADDRESS Anna Muehe, Canton, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 1 day 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 April 13, 1950 , to April 14, 1950 , that I last saw the deceased alive on April 13, 1950 , and that death occurred at 7 A m., from the causes and on the date stated above.							
23a. SIGNATURE Handwritten Signature		(Degree or title)		23b. ADDRESS Canton Mo		23c. DATE SIGNED Apr 15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Forest Grove		24d. LOCATION (City, town, or county) (State) Canton, Lewis, Mo.	
DATE REC'D BY LOCAL REG. 4-20-50		REGISTRAR'S SIGNATURE P. H. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE Carl H. Backley		ADDRESS Canton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 27 1950
District Health Officer No. 1
District File Number 450-2
Date Filed

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

Carl H. Bailey

Signed _____
Student Embalmer

Licensed Embalmer No. 2615

P. O. Address *Canton, 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.