No. 300
10.48

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

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19211

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL MTN GROVE Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: WRIGHT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN GROVE RURAL 0
d. STREET ADDRESS (If rural, give location): MTN GROVE TWNSHIP

3. NAME OF DECEASED (Type or Print.) a. (First): FRED b. (Middle): HENRY c. (Last): HOFFMAN.

4. DATE OF DEATH (Month) (Day) (Year): MAY 26 1950

5. SEX: M. 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEP 26, 1882
9. AGE (In years last birthday): 67 — If under 1 year: Months 8, Days 0 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): STERLING ILL. 1
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME: JOHN HOFFMAN
13b. MOTHER'S MAIDEN NAME: CHRISTINA HEIM.
14. NAME OF HUSBAND OR WIFE: JOANNA HOFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: HENRY HOFFMAN ADDRESS: MTN GROVE MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: Not Known

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.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 March, 1950, *to* 26 May, 1950, *that I last saw the deceased alive on* 26 May, 1950, *and that death occurred at* 11:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Mountain Grove Mo
23c. DATE SIGNED: 27 May 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-28-50
24c. NAME OF CEMETERY OR CREMATORY: HILL CREST
24d. LOCATION (City, town, or county) (State): MTN GROVE, MO

DATE REC'D BY LOCAL REG.: 5-31-50
REGISTRAR'S SIGNATURE: A.B. Ames 348
25. FUNERAL DIRECTOR'S SIGNATURE: Grable-Windle ADDRESS: Mtn Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 6 1950
WRIGHT CO. HEALTH DEP.
County File Number 650-75
Date Filed 6-10-50

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mtn Grove, 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.