

FILED OCT 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30466

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|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4026</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>---</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>Victoria Hotel</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | 3. NAME OF DECEASED a. (First) <u>Benjamin</u> (Type or Print) | | | |
| b. (Middle) <u>Charles</u> | | c. (Last) <u>Hoefler</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 22 50</u> | | | |
| 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. 24, 1880</u> | |
| 9. AGE (In years last birthday) <u>70</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturing</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>change makers</u> | | 11. BIRTHPLACE (State or foreign country) <u>Higginsville, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | 13a. FATHER'S NAME <u>Charles Henry Hoefler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lewine Sophia Hackmann</u> | | 14. NAME OF HUSBAND OR WIFE <u>Isabelle S. Hoefler</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar H. Hoefler Higginsville, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma of lung, liver and spleen</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</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>2001</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) (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>Aug. 21, 1950</u> , to <u>Sept. 22, 1950</u> , that I last saw the deceased alive on <u>Sept. 22, 1950</u> , and that death occurred at <u>10:05A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. H. Stratemeier Jr</u> (Degree or title) <u>B. H. Stratemeier W.S. MD</u> | | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>9-22-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>9-22-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-23-50</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred H. Hoefler</u> | | ADDRESS <u>Higginsville Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

D. J. [unclear]

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.

| | | | |
|---|--|---|---|
| as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" 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) 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>9/16</u> , 19 <u>50</u> , to <u>9/22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/22</u> , 19 <u>50</u> , and that death occurred at <u>10²⁵ 15</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>T. Y. Wallejat</i> | (Degree or title) <i>J. M. D.</i> | 23b. ADDRESS <i>K.C. Memorial Hospital K.C. Mo.</i> | 23c. DATE SIGNED <i>9/22/50</i> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>9-22-50</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Higginsville Mo.</i> | 24d. LOCATION (City, town, or county) (State) <i>Higginsville, Mo.</i> |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alfred [Signature] Higginsville, Mo.</i> | |

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

Forrest S. Hoop

Signed.....

Student Embalmer

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.