

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

State File No. **40221**
Registrar's No. **85**

DECEASED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5354**

1. PLACE OF DEATH
a. COUNTY **Dallas**
b. CITY (If outside corporate limits, write RURAL and give town) **Red Top Rural Mo**
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Dallas**
c. CITY (If outside corporate limits, write RURAL and give township) **Red Top Rural**
d. STREET ADDRESS (If rural, give location) **0300**

3. NAME OF DECEASED
a. (First) **JOSEPH** b. (Middle) **ATWOOD** c. (Last) **HOFF**
4. DATE OF DEATH (Month) (Day) (Year) **12-5-1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **3-15-1892** 9. AGE (In years last birthday) **58** **3** **20** **20**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tourist Court**
10b. KIND OF BUSINESS OR INDUSTRY **retired now**
11. BIRTHPLACE (State or foreign country) **South**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Hoff** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **Ann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **yes World War I**
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Mrs Ann Hoff** ADDRESS **Red Top 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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **arteriosclerosis**
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 **Immediate**
4/20/1

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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) _____ 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 **5 Dec 1950**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:20 am**, from the causes and on the date stated above.

23a. SIGNATURE **O. Shreffler MD** (Degree or title) 23b. ADDRESS **Buffalo Mo** 23c. DATE SIGNED **9 Dec 50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-8-1950** 24c. NAME OF CEMETERY OR CREMATORY **Oak Lawn** 24d. LOCATION (City, town, or county) (State) **Buffalo Mo**

DATE REC'D BY LOCAL REG. **12/18/50** REGISTRAR'S SIGNATURE **Mrs J.B. Jones** 25. FUNERAL DIRECTOR'S SIGNATURE **K B Jones** ADDRESS **Buffalo Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 20 1950

DEC 20 1950

Dist. File 1250-2541

Date Filed 12-21-50

DEC 30 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Leonard B. Jones

Licensed Embalmer No. 2598

P. O. Address Springfield, 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.