

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 739

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BIRTH NO. _____		REG. DIST. NO. 115		PRIMARY REG. DIST. NO. 4187		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union		0361	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 Central ave				d. STREET ADDRESS (If rural, give location) 208 Central ave			
3. NAME OF DECEASED (Type or Print) a. (First) ALFRED b. (Middle) John c. (Last) HOFFT			4. DATE OF DEATH (Month) (Day) (Year) Jan 29 51				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 20th 1887		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New Haven Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Hoeft		13b. MOTHER'S MAIDEN NAME Katharine Detmer		14. NAME OF HUSBAND OR WIFE Mary Hoeft			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-18-9422		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harold Hoeft Union 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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis  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.						INTERVAL BETWEEN ONSET AND DEATH  4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Not		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Thos. P. Shaffer (Degree or title) Coroner				23b. ADDRESS 3 Sullins Mo		23c. DATE SIGNED 1/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/31/1951	24c. NAME OF CEMETERY OR CREMATORY Union		24d. LOCATION (City, town, or county) (State) Union Mo		
DATE REC'D BY LOCAL REG. Jan. 30. 1951		REGISTRAR'S SIGNATURE J. T. Cooper Epc 98		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. H. Oldmann Union Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB - 6 1951

RECEIVED

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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 E. F. Altman

Licensed Embalmer No. 1686

P. O. Address Union 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.

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