

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29840**

FILED OCT 9 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **80** PRIMARY REG. DIST. NO. **5301** Registrar's No. **14**

0260

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

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Russellville - Rural</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Russellville, Mo - Rural</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b>		b. (Middle)	
c. (Last) <b>Hofmocker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10-1-51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12-15-1872</b>
9. AGE (In years last birthday) <b>78</b>		10. MONTHS <b>9</b>	11. DAYS <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Bavaria, Germany 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>	
13a. FATHER'S NAME <b>George Doppold</b>		13b. MOTHER'S MAIDEN NAME <b>Kunnigunda Hoppe</b>	
14. NAME OF HUSBAND OR WIFE <b>Andrew Hofmocker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs John Schöck- Russellville, Mo</b>			
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) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Arteriosclerosis</b> DUE TO (c) <b>Malignant Hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	
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)		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 <b>Sept 16, 1941</b> , to <b>Oct 1, 1951</b> , that I last saw the deceased alive on <b>Oct 1, 1951</b> , and that death occurred at <b>6:20 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. O. Schöck</b>		23b. ADDRESS <b>Russellville Mo</b>	
23c. DATE SIGNED <b>10/2/51</b>			
24a. BURIAL CREMATION (Specify) <b>Burial</b>		24b. DATE <b>10-3-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Trinty Ev. Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>Russellville, Mo</b>	
DATE REC'D BY LOCAL REG. <b>Oct 3</b>		REGISTRAR'S SIGNATURE <b>Mrs. Minnie Hittner</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Schöck</b>		ADDRESS <b>Russellville Mo</b>	

**RECEIVED**

10-8-51

DISTRICT HEALTH OFFICE No. 5

District File Number \_\_\_\_\_

Date Filed 10-8-51

---

---

**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. 2

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Roger H. Leibel

Licensed Embalmer No. 2820

P. O. Address Russellville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.