

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33009**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 77 **PRIMARY REG. DIST. NO.** 5303 **Registrar's No.** 286

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY OR TOWN <u>Rural-Jefferson</u>			c. CITY OR TOWN <u>Rural-Jefferson Twp</u>		
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>			d. STREET ADDRESS (If rural, give location) <u>7 miles west Jeff. City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles west Jeff. City</u>			d. STREET ADDRESS (If rural, give location) <u>7 miles west Jeff. City</u>		
3. NAME OF DECEASED (Type or Print) <u>Mary</u>		a. (First) <u>Mary</u>	b. (Middle) <u>Christine</u>	c. (Last) <u>Hofmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>June 6 1851</u>	9. AGE (in years) <u>93</u> If under 1 year: Month _____ Day _____ If under 1 hrs.: Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mary C. Burnhart</u>		13b. MOTHER'S MAIDEN NAME <u>Jacob Steiner</u>	
14. NAME OF HUSBAND OR WIFE <u>Chas. Hofmann</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Teri Hofmann</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Teri Hofmann</u>		ADDRESS <u>432 1/2 ...</u>	
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) <u>Suppurative Cardiovascular</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbidity 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 <u>years</u> <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>			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 <u>Jan 1914</u> , to <u>Nov 4, 1951</u> , that I last saw the deceased alive on <u>Nov 4, 1951</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Pearl G. Taylor</u>		23b. ADDRESS <u>M.D. Jefferson City, Mo.</u>		23c. DATE SIGNED <u>11-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 12 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pineview</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Larry ...</u>		ADDRESS <u>709 Jefferson</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10-1951</u>		REGISTRAR'S SIGNATURE <u>G.P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Larry ...</u>	

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

0261

RECEIVED NOV 13 1951

DISTRICT HEALTH OFFICE No. 3

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

Date Filed NOV 13 1951

APR 22 1951

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  \_\_\_\_\_

Licensed Embalmer No. 3641

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.