

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19471

19471

JUN 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>661</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo</u>	c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0 117</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>		d. STREET ADDRESS (If rural, give location) <u>3299 Ferndale</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Hoffman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1952</u>		
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 29 1873</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>22</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Toulon, Ill. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				
13a. FATHER'S NAME <u>William Hervey</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Gaston</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Della Vermillion</u> ADDRESS <u>3299 Ferndale</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> 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 _____
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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H 222</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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>June 20, 1952</u> to <u>June 21, 1952</u> , that I last saw the deceased alive on <u>June 21, 1952</u> , and that death occurred at <u>11:45</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>William W. Wachman, M.D.</u>		23b. ADDRESS <u>State Hospital # 2</u>		23c. DATE SIGNED <u>6/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/23/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Moray Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moray, Kansas</u>	
DATE RECD BY LOCAL REG. <u>June 26, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. Heaton</u> ADDRESS <u>Bowman Funeral Home</u> <u>St. Joseph, Mo.</u>		

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

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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 _____

....., Student Embalmer No.

working under my personal supervision.

Signed

James B. Hawkins

Signed.....

Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. Joseph

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.