

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 783

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Rural - Jefferson		0070
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital			d. STREET ADDRESS (If rural, give location) R.F.D.#2, St. Joseph, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) PETER		b. (Middle) WILLIAM	c. (Last) HOFFELMEYER	4. DATE OF DEATH (Month) (Day) (Year) July 14, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 1, 1886	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (State or foreign country) Andrew Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Hoffelmeyer		13b. MOTHER'S MAIDEN NAME Katie Gootzman	14. NAME OF HUSBAND OR WIFE Ethel Hoffelmeyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If specify year or dates of service) No		16. SOCIAL SECURITY NO. 500-36-2457	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Hoffelmeyer-Rt. 2-St.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon			ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) ? rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver					years
19a. DATE OF OPERATION 7-7-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon & cirrhosis of liver				153X
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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>7-7</u> ^{19 52} to <u>7-14</u> ^{19 52} , that I last saw the deceased alive on <u>7-14</u> ^{19 52} , and that death occurred at <u>9:25A</u> ^{19 52} m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Paul C. Casby</i>		(Degree or title) MD	23b. ADDRESS 420 No. 8th St., St. Joseph, Mo.		23c. DATE SIGNED 7-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. July 24, 1952	REGISTRAR'S SIGNATURE <i>Paul C. Casby</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Stamley Funeral Home St. Joseph Mo</i>		

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

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.