

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 6 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Wagoner</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tulsa</u>	
c. LENGTH OF STAY (in this place) <u>24 days</u>		d. STREET ADDRESS (If rural, give location) <u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2209 South Ohio</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u> b. (Middle) _____ c. (Last) <u>HOFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 24, 1864</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter & Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>	11. BIRTHPLACE (State or foreign country) <u>Baden, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Hoffman</u>	13b. MOTHER'S MAIDEN NAME <u>Agatha (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Weber Hoffman</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred Dittmer, Sedalia, Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Bronchitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	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. <u>Arteriosclerotic Heart Disease</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>526X</u>	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) _____

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>12 Sept. 1952</u> to <u>23 Sept. 1952</u> , that I last saw the deceased alive on <u>16 Sept. 1952</u> and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Print or Type) <u>Paul Siegel</u>	23b. ADDRESS <u>1216 West 18th St. Sedalia, Mo.</u>	23c. DATE SIGNED <u>9-24/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 26, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>

DATE REC'D BY LOCAL REG. <u>9/27/52</u>	REGISTRAR'S SIGNATURE <u>W. G. Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Heckart Sedalia, Mo.</u>
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GILLESPIE FUNERAL HOME

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

251-0

(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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Russell C. Maag*

Licensed Embalmer No. *4807*

P. O. Address *Sedalia, 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.