

FILED OCT 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34815
Registrar's No. 91

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Rural South Moniteau	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) R. R. 5	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) L c. (Last) Hoffstetter			4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/5/1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Sunkuhla Switzerland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Dollie Cobb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	16. SOCIAL SECURITY NO. World War # 420-26-7187	17. INFORMANT'S SIGNATURE OR NAME Raymond Johnmeyer	ADDRESS R.R. 5 Fayette, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic ht disease		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION 10/13/52	19b. MAJOR FINDINGS OF OPERATION +200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Fayette Howard Mo.
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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?
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22. I hereby certify that I attended the deceased from **Oct 5, 1952**, to **Oct 13, 1952**, that I last saw the deceased alive on **Oct 13, 1952**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. J. Shaw, Jr. M.D.	(Degree or title)	23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 10-14-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/14/1952	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Griffin Georgia
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DATE REC'D BY LOCAL REG. 10-14-52	REGISTRAR'S SIGNATURE Mary K. Shell	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr	ADDRESS Fayette, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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OCT 22 1952

NOV 1 1952

NOV 1 - 1952

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 *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette 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.