S. No. 300
v. 10-48

FILED DEC 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38269

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1074

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

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1217 E Sunshine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Grove 1141
d. STREET ADDRESS (If rural, give location) No street Address

3. NAME OF DECEASED (Type or Print)
a. (First) ANNIE
b. (Middle) HOFFARTH
c. (Last) BAUER

4. DATE OF DEATH (Month) (Day) (Year) December 2 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 23, 1869
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) Texas Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George A Hoffarth
13b. MOTHER'S MAIDEN NAME Jane Conaway
14. NAME OF HUSBAND OR WIFE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Fertina Roderique, Springfield, Mo.

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) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH 3 months

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. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 21, 1952, *to* Dec 2, 1952, *that I last saw the deceased alive on* Nov 21, 1952, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J. Newton Wakeman MD.
23b. ADDRESS Springfield Mo.
23c. DATE SIGNED Dec 2, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE Dec 4, 1952
24c. NAME OF CEMETERY OR CREMATORY Unknown
24d. LOCATION (City, town, or county) (State) Mountain Grove, Missouri

DATE REC'D BY LOCAL REG. 12/3/52
REGISTRAR'S SIGNATURE Earth Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grable-Windle, Mtn Grove, Missouri BW

(Licensed Embalmer's Statement on Reverse Side)

Dr Wakeman
Woodruff

DEC 17 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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address Springfield, Mo.

[redacted] NOTE: This form MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above condition [redacted] grounds for revocation of license.)

[redacted] body is not embalmed, fact should be so stated above.