

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 751

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 3016 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Russellville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still		d. STREET ADDRESS (If rural, give location) Russellville, Missouri	
3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) Barbara c. (Last) Hoffman		4. DATE OF DEATH (Month) (Day) (Year) January 10, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 7, 1868
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Lohman, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. FATHER'S NAME Eberhardt Dregor	
14. MOTHER'S MAIDEN NAME Margaret Koehler		15. NAME OF HUSBAND OR WIFE Nicholas Hoffman	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. SOCIAL SECURITY NO. -	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Chronic Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH 24 hours		21. INTERVAL BETWEEN ONSET AND DEATH 8 years	
22. INTERVAL BETWEEN ONSET AND DEATH 40 yrs		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443 X	
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 Jan 10, 1944 to Jan 10, 1953 , that I last saw the deceased alive on Jan 10, 1953 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE E. M. Eberhart D.O.		23b. ADDRESS Russellville	
23c. DATE SIGNED 7/12/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-12-53		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
24d. LOCATION (City, town, or county) (State) Russellville, Mo		25. FUNERAL DIRECTOR'S SIGNATURE R. P. Harris MD-MR.	
DATE REC'D BY LOCAL REG. Jan 16-1953		25. FUNERAL DIRECTOR'S ADDRESS Hugh N. Schubert Russellville	

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

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 Hugo N. Schubert
Licensed Embalmer No. 2870

P. O. Address Russellville, 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.