

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>	
c. LENGTH OF STAY (in this place) <u>11 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>103 S. Linn St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 S. Linn St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Corene</u> c. (Last) <u>Hoffstetter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph B. Howell</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Ream</u>	14. NAME OF HUSBAND OR WIFE <u>Wilbur Hoffstetter</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilbur Hoffstetter</u>	ADDRESS <u>Fayette, Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bright's Disease Causing Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bright's disease</u> DUE TO (c) <u>Dropsey from circulation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>593X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Feb 5, 1953, to Feb 12, 1953, that I last saw the deceased alive on Feb 11, 1953, and that death occurred at 1:09 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Gertrude Holtzman</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>20110 Mountain Top, etc. Mo.</u>	23c. DATE SIGNED <u>2-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-16-53</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	436	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>	ADDRESS <u>Fayette, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 3

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 \_\_\_\_\_

*Falsh A. Cass*

Licensed Embalmer No. 3240

P. O. Address Jayette 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.