

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13865

State File No. ....

FILED MAY 4 1953

BIRTH NO. .... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 424396  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>		d. STREET ADDRESS (If rural, give location) <u>2542 W. High</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>			b. (Middle) <u>RUDOLPH</u>		c. (Last) <u>HOFFMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 1953</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>1 Dec. 1873</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Fredrick Hoffman</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Hoffman (Son) Springfield, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumoniae</u> (21)				INTERVAL BETWEEN ONSET AND DEATH <u>81 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Sclerosis</u>				DUE TO (c) <u>345X</u>				9	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Decompensation</u>				6 wks					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Schility</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) (Min.)			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>12-26</u> , 19 <u>52</u> , to <u>4-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4-25</u> , 19 <u>53</u> , and that death occurred at <u>6:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. E. Feller MD</u>				23b. ADDRESS <u>609 Cherry Springfield, Mo.</u>		23c. DATE SIGNED <u>4-28-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/28/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>				
DATE REC'D BY LOCAL REG. <u>5-1-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williams Registrar</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. KLINGNER &amp; CO. Springfield, Mo.</u>				

MAY 4 1962

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**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 Oglethorpe Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

**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.