

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

29066

State File No.

FILED SEP 3 - 1953

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Carthage</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Cune-Brooks Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>232 N. Main</u> <u>04930</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u>		b. (Middle) <u>—</u>		c. (Last) <u>Hoffman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-26-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.) <u>unknown</u> <u>73</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cooper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			11. BIRTHPLACE (City and 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>Pauline Stiegman</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NUMBER <u>493-14-4284</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>William F. Hoffman Carthage, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> 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. <u>Hypertension</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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>June 17, 1950</u> , to <u>Aug 26, 1953</u> , that I last saw the deceased alive on <u>Aug 26, 1953</u> , and that death occurred at <u>5:30 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M. Foster Hutter M.D.</u>				23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>8-27-53</u>		
24a. DATE OF CREMATION, REMOVAL (Specify) <u>Aug 29 1953</u>		24b. DATE <u>8-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-27-53</u>		REGISTRAR'S SIGNATURE <u>Floyd B. Chilton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilmer Funeral Home</u>		ADDRESS <u>Carthage, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 2 1953

Jasper County Health Office

County File Number _____
Date Filed SEP 2 1953

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 _____
Signature of Student Embalmer

Signed *William B. Bentall*

Licensed Embalmer No. *4821*

P. O. Address *Carters*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.