

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36753

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>319</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>PETTIS</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>WIFE</u>		c. CITY OR TOWN <u>SEDALIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 W. 5th</u>				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
a. (First) <u>EDWARD</u>		b. (Middle)		c. (Last) <u>HOFFMAN</u>		e. STREET ADDRESS (If rural, give location) <u>300 W. 5th</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 2, 1890</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARDWARE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SEDALIA MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PETER HOFFMAN</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIA MAYER</u>		14. NAME OF HUSBAND OR WIFE <u>IDA HOFFMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-36-9398</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. IDA HOFFMAN</u>		ADDRESS <u>SEDALIA</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)			
				<u>4201</u>			
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 <u>viewed</u> the deceased from <u>Dr. Corner</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-26-53</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.							
22a. SIGNATURE <u>Dr. Gordon Knapp</u>				22b. ADDRESS <u>Corner Pettis Co.</u>		22c. DATE SIGNED <u>10-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>SEDALIA MO.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-53</u>		REGISTRAR'S SIGNATURE <u>Lyde H. Bridger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros - Sedalia Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 3

1954

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..... *J.P.M. Crary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

**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.**