

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7547**

BIRTH NO. FILED FEB 22 1954 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 22

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>Vernon</i>	b. CITY OR TOWN <i>Nevada</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Vernon</i>
c. LENGTH OF STAY (in this place) <i>30 yrs.</i>		c. CITY OR TOWN <i>Nevada, Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Nevada City Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>506 S. Ash St.</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Bernice</i>	b. (Middle) <i>Love</i>	c. (Last) <i>Hoffmann</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>2 - 12 - 1954</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 10 - 1902</i>	9. AGE (In years last birthday) <i>51</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>2</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Bloomfield Nebraska</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <i>Gertrude Cunningham Wilbur E. Hoffmann</i>	14. NAME OF HUSBAND OR WIFE <i>Willbur E. Hoffmann</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Willbur E. Hoffmann</i>	ADDRESS <i>Nevada, Mo.</i>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute generalized peritonitis</i>	DUPLICATE		<i>4 PM Feb 11 1954</i>
ANTECEDENT CAUSES	DUPLICATE		
<i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	DUPLICATE		
DUPLICATE	DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE		<i>1 year</i>
<i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	DUPLICATE		
	DUPLICATE		

19a. DATE OF OPERATION <i>Jan. 21, 1953</i>	19b. MAJOR FINDINGS OF OPERATION <i>Principal site: Mucoid carcinoma of the sigmoid. Findings: Primary carcinoma (see reverse side)</i>	20. AUTOPSY? YES <input checked="" 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 *Jan. 21*, 19 *53*, **to** *Feb. 12*, 19 *54*, **that I last saw the deceased alive on** *Feb. 12*, 19 *53*, **and that death occurred at** *8:38 A.M.*, **from the causes and on the date stated above.**

23a. SIGNATURE <i>Kella B. Bray</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Moore Building, Nevada, Mo.</i>	23c. DATE SIGNED <i>Feb. 15, 1954</i> (State) <i>Mo.</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-15-1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Newton - Cemetery</i>	24d. LOCATION (City, town, or county) <i>Nevada, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>2-16-1954</i>	REGISTRAR'S SIGNATURE <i>Anna J. Ferry</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hays Funeral Service</i>	ADDRESS <i>Nevada, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Findings of Operation(continued)

of the upper sigmoid. Metastatic mucoid carcinoma of the left ovary with spontaneous rupture. Pathologically both tumors were the same structure.

This patient developed obstructive symptoms and was transferred to Research Hospital in Kansas City, Missouri on February 3, 1953, where she was found to have an extra periton transplant of the same type of carcinoma around the site of the anastomosis of the colon done by me on January 21, 1953. In addition there was extensive metastasis of the ometum. Dr. Cluade Hunt did a radical resection of the entire descending colon and about half of the transverse colon and mobilized the colon and did another end to end anastom to the lower sigmoid. At that time no evidence of metastasis in the liver could be seen.

An autopsy was done and she was found to have a general carcinomatosis of the abdomen with almost complete replacement of the liver by carcinoma.

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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.