S. No. 300
V. 10.48

FILED SEP 28 1954

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

State File No. 31463

BIRTH NO. _____ REG. DIST. NO. 490 PRIMARY REG. DIST. NO. 5984 Registrar's No. 100

**1. PLACE OF DEATH**
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland, Mo Rt. 2 Liberty Twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Richland, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural Rt. 2

0850

**3. NAME OF DECEASED** (Type or Print)
a. (First): Virginia
b. (Middle): IOLA
c. (Last): Clotfelter

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 21, 1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Divorced
**8. DATE OF BIRTH**: Aug. 5, 1889
**9. AGE** (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (City and State or Foreign Country): Hillsbourgh, Ill.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: James Clotfelter
**13b. MOTHER'S MAIDEN NAME**: Ella Robbins
**14. NAME OF HUSBAND OR WIFE**: Connie Hoffstedt

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: John E. Clotfelter Richland, Mo R.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Long bed fastness
DUE TO (c): Cancer of bowle — 2 to 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Cardio-vascular disease

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 153X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* Sept 20, 1954, *that I last saw the deceased alive on* Sept 20, 1954, *and that death occurred at* 4:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L. L. Myers R.O.T.
**23b. ADDRESS**: Richland, Missouri
**23c. DATE SIGNED**: Sept 22-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Sept/23/54
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

**DATE REC'D BY LOCAL REG.**: 9-22-54
**REGISTRAR'S SIGNATURE**: Eula Ippe Anderson 458-
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: J. Hedges Richland Mo — Hedges Funeral Home Richland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesvill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.