

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16077

BIRTH NO. _____		REG. DIST. NO. 4348		PRIMARY REG. DIST. NO. 233		Registrar's No. 8			
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Wellsville		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Wellsville		0 0 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION LouBates St				d. STREET ADDRESS (If rural, give location) Bates St					
3. NAME OF DECEASED a. (First) Louise		b. (Middle) Henrietta		c. (Last) Hoffmeyer		4. DATE OF DEATH (Month) (Day) (Year) May 20 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Aug/16/1871		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (State or foreign country) Audrain Co Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John H Kellerhals			13b. MOTHER'S MAIDEN NAME Amelia Miller			14. NAME OF HUSBAND OR WIFE Oscar W Hoffmeyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME <i>Anna Hoffmeyer</i>				ADDRESS Wellsville Mo	
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) <i>Coronary Thrombosis</i>						INTERVAL BETWEEN ONSET AND DEATH 10 min.	
		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 4201						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)		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 <i>2/24/1955</i> , 1955, to <i>May 20, 1955</i> , that I last saw the deceased alive on <i>May 20, 1955</i> , and that death occurred at <i>2:25 pm.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Walter F. Wells</i>				(Degree or title) M.D.		23b. ADDRESS <i>Wellsville</i>		23c. DATE SIGNED <i>5/22/55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/23/55		24c. NAME OF CEMETERY OR CREMATORY East lawn Memorial		24d. LOCATION (City, town, or county) (State) Mexico Mo			
DATE REC'D BY LOCAL REG. <i>5/23/55</i>		REGISTRAR'S SIGNATURE <i>W.S. Romano Jr.</i>		425		25. FUNERAL DIRECTOR'S SIGNATURE <i>A.B. Wells</i>		ADDRESS <i>Wellsville Mo</i>	

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed AEB Skell

Licensed Embalmer No. 1588

P. O. Address Hellerville Mo

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.