

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21392

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <u>Cape</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>6 Wks</u>	c. CITY OR TOWN <u>Perryville</u>		d. Is 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>Cape Osteopathic Hosp.</u>			STREET ADDRESS (If rural, give location) <u>1153 W St. Joseph St.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>F.</u> c. (Last) <u>Hoffman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1955</u>		
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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>Aug 14 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Peter Hoffman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rousseau</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Klemp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-16-0176</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Hoffman, Perryville Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Regeneration</u> DUE TO (c) <u>Arteriosclerosis 422IF</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Rt. Hemor</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 June 6, 1955, to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 5:52 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L.W. Heggwald, M.D.</u>	23b. ADDRESS <u>Cape Osteopathic Hosp.</u>	23c. DATE SIGNED <u>7/12/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 13 1955</u>	24c. NAME OF CEMETERY OR OBITUARY <u>Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-13-55</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1955

AUG 4 1955

SEP 5 1958

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 *Edward Young*.....

Licensed Embalmer No. 213

P. O. Address *Penryn*.....

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.