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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23362**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY OR TOWN Desloge	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 Bonne Terre HOSPITAL		f. STREET ADDRESS (If rural, give location) 0940	

3. NAME OF DECEASED (Type or Print)	a. (First) Jimmie	b. (Middle)	c. (Last) Hoffman	4. DATE OF DEATH (Month) (Day) (Year) July 23 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) baby	8. DATE OF BIRTH July 22, 1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---NONE---		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Herbert Hoffman	13b. MOTHER'S MAIDEN NAME Olga Schoster	14. NAME OF HUSBAND OR WIFE ---NEVER MARRIED---
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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) NO	16. SOCIAL SECURITY NO. ---NONE---	17. INFORMANT'S SIGNATURE OR NAME Herbert Hoffman ADDRESS Desloge, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) 776x		
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"/>
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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)
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 July 22, 1955, to July 23, 1955, that I last saw the deceased alive on July 23, 1955, and that death occurred at 5:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Farmington Ind.	23c. DATE SIGNED 7-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/25/55	24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception St. Francois, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. July 27, 1955	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son ADDRESS Desloge, Mo.
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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.....
Signature of Student Embalmer

Signed.....
B. T. Rogers

Licensed Embalmer No. *36*

P. O. Address *Sealock*

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.