

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30352**BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 76 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		d. STREET ADDRESS (If rural, give location) 824 W. Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 824 W. Broadway		d. STREET ADDRESS (If rural, give location) 824 W. Broadway	
3. NAME OF DECEASED (Type or Print) George Calvin Hoffman			4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1955
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 8, 1879	
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance	
10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ferdinand E. Hoffman	
13b. MOTHER'S MAIDEN NAME Emily Charlotte Ross		14. NAME OF HUSBAND OR WIFE Lillian Hoffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 372-69-7336	
17. INFORMANT'S SIGNATURE OR NAME Mrs Lillian Hoffman		ADDRESS 824 W. Bdrwy	
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) Uremia.	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular Disease Over 3 yrs.		INTERVAL BETWEEN ONSET AND DEATH 5 days.	
DUE TO (c) Senility.		Over three years	
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio- Sclerosis- Advanced 3yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		443X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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) None.		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 over 3yrs to Sent. 21th 1955 , that I last saw the deceased alive on 9-23-55 , 19 55 , and that death occurred at 9A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Jno. B. Carlisle, M.D.		23b. ADDRESS Sedalia, Missouri.	
23c. DATE SIGNED 9-26-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-26-55	
24c. NAME OF CEMETERY OR CREMATORY Brown Hill		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
DATE REC'D BY LOCAL REG. 9-26-55		REGISTRAR'S SIGNATURE Lavinia Bond, Deputy	
25. FUNERAL DIRECTOR'S SIGNATURE M'Laughlin Bros		ADDRESS Sedalia	

(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

RPM Crary
.....
Licensed Embalmer No. *3153*
P. O. Address *Sedalia 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.