

FILED JAN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43320

State File No.

5754

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5754</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Kansas City</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>Trinity Lutheran Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>57 3419 Indiana</u> <u>3578</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u>		b. (Middle) <u>K.</u>		c. (Last) <u>HOFFMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 55</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-28-1873</u>			
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth, Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>John Biringer</u>			13b. MOTHER'S MAIDEN NAME <u>Fredericka Messig</u>			14. NAME OF HUSBAND OR WIFE <u>John G. Hoffman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-20-2449</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John G. Hoffman 3419 Indiana</u>					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>				DUE TO (b) <u>Coronary Insufficiency</u>				<u>10 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Old Anterior Wall Infarction</u>				<u>1 yr.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 <u>Dec 16, 1955</u> , to <u>Dec 31, 1955</u> , that I last saw the deceased alive on <u>Dec 31, 1955</u> , and that death occurred at <u>1030 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John M. Powers M.D.</u>				23b. ADDRESS <u>3304 Linwood</u>				23c. DATE SIGNED <u>1/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem. Leavenworth</u>		24d. LOCATION (City, town, or county) (State) <u>Leavenworth, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>1-2-56</u>				REGISTRAR'S SIGNATURE <u>Meva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar 1800 E. Linwood</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John M. Powers

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.....
Melvin Barton

Licensed Embalmer No. 490

P. O. Address 1507

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.