

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8122**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>281</b>			
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>16yr 11mo. 25da</b>		c. CITY OR TOWN <b>Maysville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital #2</b>				e. STREET ADDRESS (If rural, give location) <b>County Farm</b>					
3. NAME OF DECEASED (Type or Print) <b>CLARENCE</b>			a. (First) _____ b. (Middle) _____ c. (Last) <b>HOFFSTATTER</b>			4. DATE OF DEATH <b>March 8, 1956</b> (Month) (Day) (Year)			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>April 3, 1885</b>			
9. AGE (in years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>DeKalb County, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Tim Hoffstatter</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Clerk, DeKalb Co. Court, Maysville, Mo.</b>		ADDRESS _____	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>  DUE TO (c) <b>4221</b>				INTERVAL BETWEEN ONSET AND DEATH <b>present on admission</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Psychosis with mental deficiency</b>				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 <b>Jan. 1, 1956</b> , to <b>March 8, 1956</b> that I last saw the deceased alive on <b>March 8, 1956</b> , and that death occurred at <b>6:10p. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Jorrel Thomas M.D.</b> (Degree or title) _____				23b. ADDRESS <b>1100 Mo 1 St. Hoop No 2</b>				23c. DATE SIGNED <b>3-8-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3/13/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Mar 14, 1956</b>		REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter - Bowman</b>			ADDRESS <b>St Joseph Mo</b>	

(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..

or  Student.....  
Signature of Student Embalmer

Signed..... Eugene Wood  
Licensed Embalmer No. 3804

P. O. Address 315 1/2 1st St.

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.