

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22707**

FILED AUG 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 141

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Andrain</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrain</u> | |
| b. CITY OR TOWN <u>Mexico</u> | c. LENGTH OF STAY (in this place) <u>7 days</u> | c. CITY OR TOWN <u>Ladner Township</u> | 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 <u>Phillips Rest Home</u> | | e. STREET ADDRESS (If rural, give location) <u>9 mi. E. of Laddonia, Mo.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>Wm</u> c. (Last) <u>Hoffmeyer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 1956</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>April, 18, 1868</u> |
| 9. AGE (in years last birthday) <u>88</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County Mo U. S. A.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Fred W. Hoffmeyer</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</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>-</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frances Hoffmeyer</u> | | ADDRESS <u>Laddonia, Mo.</u> | |

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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 <u>1 year</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> | | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 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) | 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 May 21, 1956, to July 20, 1956, that I last saw the deceased alive on July 13, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. L. Livan</u> | 23b. ADDRESS <u>W. O. P. Mexico, Mo.</u> | 23c. DATE SIGNED <u>7-21-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 22, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Mexico Mo.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. Wilbur Dieckhoff Laddonia Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>July 31-1956</u> | REGISTRAR'S SIGNATURE <u>Blanche Neely</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

9-0

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.. *Clyde C. Wilkey*.....

Licensed Embalmer No. *382*

P. O. Address *Ferry*.....

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.