

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23379  
State File No. \_\_\_\_\_  
Registrar's No. 650

FILED JUL 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield, Mo.</b>		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <b>Brookline Rt. #1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>Dixieland Cafe</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Dorothy</b>	b. (Middle) _____	c. (Last) <b>Hoffmiester</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7-14-1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	8. DATE OF BIRTH <b>6-22-1985</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Little Rock Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Burke</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Hoffmiester</b>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Dorothy Krinn</b>	ADDRESS <b>Brookline Mo.</b>
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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, asphyxia, 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) <b>Pneumonia</b>		<b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Hypertensive Cardiovascular Dis.</b>		<b>23 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>20+ yrs</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>443x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **6/2/56** 19, to **7/14/56** 19, that I last saw the deceased alive on **7/14/56** 19, and that death occurred at **4:20A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>David G. Hall, M.D.</b>	(Degree or title) _____	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>7/20/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-15-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Republic, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-20-56</b>	REGISTRAR'S SIGNATURE <b>David Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cantrell-Fossett</b>	ADDRESS <b>Republic, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 25 1956

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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 *William B. Cantrell*.....

Licensed Embalmer No. *485*.....

P. O. Address *The Republic*.....

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.