

Health,
Welfare
Public
Service

300
1-56

Vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37226

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jackson Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Hoosp.</u>				Length of stay in lb <u>1 wk.</u>		d. STREET ADDRESS (If outside, give location) <u>RFD Auxvasse Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>-----</u> Last <u>Hoffman</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>4</u> Year <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 1, 1875</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. <u>5</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>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Berne Switzerland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Gotlieb Hoffman</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Wider</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>unknown</u>		17. INFORMANT <u>A. R. Hoffman</u> Address <u>Fulton Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>Glomerulonephritis 593X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <u>Nov 27 '56</u> , to <u>Dec 4 '56</u> and last saw her/him alive on <u>Dec 4 '56</u> . Death occurred at <u>2:00 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ch. Roman</u>				22b. ADDRESS <u>2 Auxvasse Mo</u>		22c. DATE SIGNED <u>12-6-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12/6/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse</u>		23d. LOCATION (City, town, or county) (State) <u>Auxvasse Mo.</u>		
24. FUNERAL DIRECTOR <u>Messinger Funeral Home</u>			ADDRESS <u>Fulton Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 8 - 1956</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *J. J. Rossom*.....
Licensed Embalmer No. *95*.....

P. O. Address *W. H. H. H.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.