

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41272

FILED JAN 2 1957 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5525 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Montgomery Township</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Montgomery Township</u>		d. STREET ADDRESS (If rural, give location) <u>9 miles N.E. of Weaubleau</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles N.E. of Weaubleau</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALZINA</u>			b. (Middle) <u>C</u>		c. (Last) <u>Hofstetter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 10 - 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb 24 - 1862</u>		
9. AGE (In years last birthday) <u>94</u>		10. MONTHS <u>9</u>		11. DAYS <u>16</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Hillsdale Mich</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Samuel Hibbard</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Erick</u>			14. NAME OF HUSBAND OR WIFE <u>Peter Hofstetter</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Rain Allen - Weaubleau, Mo</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, asthenia, 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>Coronary thrombosis</u>				DUPLICATE				<u>Immediate</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>arterial sclerosis</u>				<u>years</u>
				DUE TO (c) <u>Smoking</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) (Min.)		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>Jan 15, 1952</u> , to <u>Dec 10, 1956</u> , that I last saw the deceased alive on <u>Nov 26, 1956</u> , and that death occurred at <u>5 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. E. Briggs, D.O.</u>				23b. ADDRESS <u>Wheatland, Mo</u>		23c. DATE SIGNED <u>12-26-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 12 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lehman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elkton Mo</u>		
DATE REC'D BY LOCAL REG. <u>1956 30-1956</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert H. Halloway - Wheatland, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed *Chas Gilbert Fullaway*

Licensed Embalmer No. *4267*

P. O. Address *Westland, Md*

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 this body is not embalmed, fact should be so stated above.