

Health,
& Welfare
Public
Service

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13177
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1784

S. 300
7-1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3005 Harrison		Length of stay in lb 50 yrs.	d. STREET ADDRESS 3005 Harrison		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DOROTHY Middle O. Last HOFFMAN			4. DATE OF DEATH Month 4 Day 14 Year 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1903	9. AGE (In years last birthday) 53	FUNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Girard, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Carr VanSandt		13b. MOTHER'S MAIDEN NAME Mae Johnson		14. NAME OF HUSBAND OR WIFE Carl J. Hoffman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-22-7903	17. INFORMANT Address Carl J. Hoffman, 3005 Harrison		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure.					INTERVAL BETWEEN ONSET AND DEATH 1 week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Stations arteriosclerosis & Cor Pulmonale.					5 years.
DUE TO (c)					241X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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		COUNTY STATE
21. I attended the deceased from 3-29-55 to 4-14-57 and last saw her alive on 4-3-57 . Death occurred at 11:22 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Philip J. Baker MD			22b. ADDRESS 9109 E. New 40 Indp Mo		22c. DATE SIGNED 4-15-57
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 4-17-57	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		23d. LOCATION (City, town, or country) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar, 1800 Linwood			25. DATE RECD. BY LOCAL REG. 4-16-57	26. REGISTRAR'S SIGNATURE Neva Minshall	

Philip J. Baker USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. Philip J. Baker
Blue Ridge Cutoff 7th
WA4-7760
2:15-6 P.M. - Mon

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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 *James Hackleman*

Licensed Embalmer No. *4573*

P. O. Address *KC Mo*

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.