

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16451

FILED MAY 29 1957

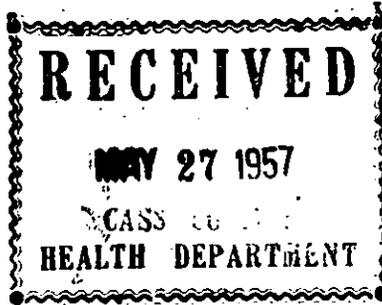
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>5228</b>		Registrar's No. <b>74</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Pleasant Hill (rural)</b>		c. LENGTH OF STAY (In this place) <b>12 yrs.</b>		c. CITY OR TOWN <b>Pleasant Hill Twp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>0190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. 1 (Pleasant Hill Twp.)</b>				e. STREET ADDRESS (If rural, give location) <b>R.F.D. 1 (Pleasant Hill Twp.)</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>			b. (Middle) <b>Matilda</b>		c. (Last) <b>Hoffhaus</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 19, 1957</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec. 2, 1888</b>		9. AGE (In years Last birthday) <b>68</b>	IF UNDER 1 YEAR Months   Days   Hours   Min.
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 -----		11. BIRTHPLACE (City and State or Foreign Country) <b>Rockport, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Ezra M. Hurst</b>			13b. MOTHER'S MAIDEN NAME <b>Lydia Ann Sickler</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. F. Hoffhaus</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>556-12-3712</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Garland Courtney Pleasant Hill, Mo.</b>			
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease with recurrent coronary thromboses</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(1) Hypertension severe.</b> <b>(2) Diabetes mellitus</b>					<b>10 yrs</b> <b>5 yrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>					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) m.		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 <b>2-15-1947</b> , to <b>4-19-1957</b> , that I last saw the deceased alive on <b>4-15-1957</b> , and that death occurred at <b>3<sup>00</sup>A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Chas. E. Kendall MD</b>				23b. ADDRESS <b>Pleasant Hill, Mo</b>		23c. DATE SIGNED <b>5-20-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>5/21/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Strasburg Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Strasburg, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>5/20/57</b>		REGISTRAR'S SIGNATURE <b>Dora Barnard</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Brownfield-Stanley Pleasant Hill, Mo.</b>		

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

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JUN 4 1957



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..... *Raymond D. Stanley*

Licensed Embalmer No... *5008*

P. O. Address *Pleasant Hill*

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.