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FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24614

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3569

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5018 Forest — Length of stay in 1b: 15 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 5018 Forest — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Charles Middle: Henry Last: Hoffman

4. DATE OF DEATH Month Day Year: July 28, 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Sept. 12, ~~1882~~ 1881

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stock Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Department Store

11. BIRTHPLACE (City and state or country): Hays Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Henry Hoffman

13b. MOTHER'S MAIDEN NAME: Caroline Wipperman

14. NAME OF HUSBAND OR WIFE: Edith M. Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: 500-09-2116

17. INFORMANT Address: Mrs. Edith Hoffman 5018 Forest

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Primary carcinoma of rt. buccal mucosa — 2 yrs +

DUE TO (c) — 14 yrs

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 [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Dec. 1956, to July 28, 1957 and last saw her/him alive on July 22, 1957. Death occurred at 4:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Neill Berry (Degree or title): Neill Berry, M.D.

22b. ADDRESS: 411 Nichols Rd

22c. DATE SIGNED: 7-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 31, 1957

23c. NAME OF CEMETERY OR CREMATORY: Freeman Cemetery

23d. LOCATION (City, town, or county) (State): Freeman Missouri

24. FUNERAL DIRECTOR ADDRESS: Muehlebach Funeral Home 6800 Troost

25. DATE RECD. BY LOCAL REG.: 7-30-57

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.