

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 027355
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kirksville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp.		d. STREET ADDRESS 1013-E-Missouri (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JOHN First J. Middle HOFFMAN Last			4. DATE OF DEATH August 29, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1864	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bldg. Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Mason City, W. Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John J. Hoffman			14. MOTHER'S MAIDEN NAME Deliah Shultz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Miss Gail Hoffman, 1013-E-Missouri Address Kirksville, Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post-Surgical Shock		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) SUPRA PUBIC PROSTATECTOMY	"
	DUE TO (c) ADENOCARCINOMA OF PROSTATE	UNKNOWN
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 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 COUNTY STATE
21. I attended the deceased from 8-23-57 to 8-24-57 and last saw ^{her} him alive on 8-29-57 Death occurred at 3:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Carl Kraybill Jr. D.O.	22b. ADDRESS Kirksville, Mo	22c. DATE SIGNED 9-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-1-1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Sullivan Co. Missouri
24. FUNERAL DIRECTOR Blaris & Davis	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 9-6-1957	26. REGISTRAR'S SIGNATURE Dora W. Pethoff

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. 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. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kirksville,

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