

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 27 6 97
STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 402

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-57 0

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Perryville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ostepathic</u>		d. STREET ADDRESS (If outside, give location) <u>1153 W S. Joeseph</u>	
3. NAME OF DECEASED (Type or print) First <u>Rosa</u> Middle <u>S</u> Last <u>Hoffman</u>		4. DATE OF DEATH Month <u>August</u> Day <u>21</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 11 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Perry County Missouri</u>	
13a. FATHER'S NAME <u>William Klemp</u>		14. NAME OF HUSBAND OR WIFE <u>William Hoffman</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>		17. INFORMANT Address <u>Gilbert Hoffman Perryville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition & debilitation</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Ovarinomatosis</u> <u>151X</u>			
DUE TO (c) <u>Primary Carcinoma of Stomach</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <u>Hydrothorax with Compression of Rt Lung</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>7/20/57</u> to <u>8/21/57</u> and last saw her alive on <u>8/21/57</u> Death occurred at <u>11:00</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Sewell</u> (Degree or title) <u>D.O.</u> <u>2</u>		22b. ADDRESS <u>28 S. Spauld Cape Girardeau Mo</u>	
22c. DATE SIGNED <u>8/25/57</u>			
23a. BURIAL, CREMATION, REMOVE (Specify) <u>Burial</u>	23b. DATE <u>Aug 24 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Home</u>	23d. LOCATION (City, town, or county) (State) <u>Perryville Missouri</u>
24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-27-1957</u>	26. REGISTRAR'S SIGNATURE <u>W. C. Summers</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Edward J. Goren*

Licensed Embalmer No. *2038*
P. O. Address *Berryville*

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.