FILED JAN 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1747
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) NEAR ANTONIA MO — Length of stay in 1b LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY JEFFERSON
c. CITY OR TOWN NEAR ANTONIA MO 0560 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) PEVELY R.R. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CAROLINE Middle Last HOFFARTH
4. DATE OF DEATH Month Day Year JAN 23, 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH MAY 11, 1870
9. AGE (In years last birthday) 87 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK
11. BIRTHPLACE (City and state or country) NEAR ANTONIA MO
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME CARL KLABLE
14. MOTHER'S MAIDEN NAME CAROLINE ROHLFING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address EDDIE HOFFARTH PEVELY MO

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) Chr. Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Pevely RR — COUNTY Jefferson — STATE Mo

21. I attended the deceased from 1950, to 1/23/58 and last saw her/him alive on 1/22/58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fleich M.D.
22b. ADDRESS Imperial Mo
22c. DATE SIGNED 1/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN. 26 1958
23c. NAME OF CEMETERY OR CREMATORY ANTONIA CEMETERY
23d. LOCATION (City, town, or county) (State) ANTONIA MO

24. FUNERAL DIRECTOR ADDRESS HEILIGTAG FUNERAL HOME ANTONIA MO
25. DATE RECD. BY LOCAL REG. 1-25-58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

...lth, ...elfare ...blic ...vice

...00 ...56

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
JAN 28 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmer Heiligtag

Licensed Embalmer No. 3

P. O. Address Imperia

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