

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013759

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 126

Health,
Welfare
Public
Service

0363
300
1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>/</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <u>ST. FRANCIS HOSPITAL</u>		Length of stay in 1b <u>17 DAYS</u>	d. STREET ADDRESS <u>4 mi. N. of SINISS</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HOLDA</u> Middle <u>EMELIE</u> Last <u>HOFFMANN</u>			4. DATE OF DEATH Month <u>April</u> Day <u>11</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAU.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT-1-58 1889</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CATERER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CATERING</u>	11. BIRTHPLACE (City and state or country) <u>HERMANN Mo 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Edward Hoffmann</u>			14. MOTHER'S MAIDEN NAME <u>LENORA SIEDLER</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-42-0447</u>	17. INFORMANT Address <u>Edw. Hoffmann Hermann Mo</u>		
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Primary Carcinoma of Liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>1550</u> DUE TO (c) Chronic Myocardial Degeneration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Chronic Myocardial Degeneration</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
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 <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>12-9-57</u> to <u>4-11-58</u> and last saw her <u>alive</u> on <u>4-11-58</u> Death occurred at <u>6:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Paula Bonnet, M.D.</u> (Degree or title)			22b. ADDRESS <u>Owensville, Mo.</u>		22c. DATE SIGNED <u>4-12-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4/14/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>HERMANN Mo</u>
24. FUNERAL DIRECTOR <u>HUGO H BLUMER</u>		ADDRESS <u>HERMANN Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4/14/58</u>		26. REGISTRAR'S SIGNATURE <u>FR. Hoffmann</u>

VS APR 2 1959

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 ROGER W. BLUMER, Student Embalmer No. 51 working under my personal supervision..

Student Roger W. Blumer
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 31

P. O. Address Herrmann

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.