

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017229
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 111

300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico ⁰⁰⁴³ ₀	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 903 Emmons	
3. NAME OF DECEASED (Type or print) First Mary Middle M. Last Hoffman		4. DATE OF DEATH Month May Day 18 Year 1958	
5. SEX Female	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 Mar. 27, 1872
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Osage County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Herman Niewala		13b. MOTHER'S MAIDEN NAME Wilhelmine Kreiger	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Ervin Hoffman Address 903 Emmons Mexico, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio renal disease (Pneumonia) DUE TO (b) peritonitis, cause undetermined DUE TO (c) 576X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis + heart block			INTERVAL BETWEEN ONSET AND DEATH 10 days 2 wks
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 <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 8-8-50 to May 18, 1958 and last saw ^{him} alive on May 19, 1958 Death occurred at 2:25 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Callabach M.D. (Degree or title)		22b. ADDRESS 119 E Jackson Mexico, Mo.	
22c. DATE SIGNED May 19, 1958		23a. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
23b. DATE 5-20-1958		23d. LOCATION (City, town, or county) (State) Freedom, Missouri	
23c. BURIAL, CREMATION, REMOVAL (Specify) Burial		24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo. ADDRESS	
25. DATE RECD. BY LOCAL REG. May 20-1958		26. REGISTRAR'S SIGNATURE Blanche Neely	

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 *Ray Miller*

Licensed Embalmer No. *4492*
P. O. Address *Memphis*

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.