

Health,  
& Welfare  
Public  
Service  
260  
S. 3003  
1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028621  
STATE FILE NUMBER 6

FILED SEP 2 1958 Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Cole</b> b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <b>R # 3 Jefferson City, Mo.</b> c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt M Cole County, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b> c. CITY OR TOWN # <b>3 Jefferson City, Mo.</b> d. STREET ADDRESS (If outside, give location) <b>Liberty Township</b>	
3. NAME OF DECEASED (Type or print) <b>LAWRENCE MICHAEL HOFFMAN</b>		4. DATE OF DEATH <b>AUG. 26, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 28, 1915</b>
9. AGE (In years last birthday) <b>42</b>		10. FUNDING YEAR <b>10 28</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Freeburg, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Hoffman</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Farnett</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Stegeman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-30-3215</b>	
17. INFORMANT <b>Mrs Mildred Hoffman</b>		Address <b>R 3 J. C. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Head and Chest Injuries</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
20a. ACCIDENT <input checked="" 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.) <b>Truck accident - Truck overturned crushing man to death on Route M - Cole County, Mo.</b>	
20c. TIME OF INJURY <b>2:10 p.m. 8/26/58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc) <b>Street</b>	
20e. CITY, TOWN, OR LOCATION <b>Jefferson City</b>		20f. COUNTY <b>Cole</b> STATE <b>Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2:10 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Alfred G. Galt, Coronel</b>		22b. ADDRESS <b>1630 Adams St. Jefferson City, Mo.</b>	
22c. DATE SIGNED <b>8/27/58</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/29/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Xavier</b>		23d. LOCATION (City, town, or county) <b>Taos, Mo.</b>	
24. FUNERARY DIRECTOR <b>Sylvester Gulle</b>		25. DATE RECD. BY LOCAL REG. <b>27 August 1958</b>	
ADDRESS <b>J C Mo.</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Davis, MD-MR.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

SEP 3 1958

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 *Sylvester J. Miller* .....

Licensed Embalmer No. *4321* .....

P. O. Address *Jefferson City* .....

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.