. Health,
& Welfare
. Public
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S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031982
STATE FILE NUMBER

REC'D SEP 22 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 456

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital — Length of stay in 1b: 23 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau 0164 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 520 Morgan Oak — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JOHN Middle: J. Last: HOFFMAN

4. DATE OF DEATH Month Day Year: September 5, 1958

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: September 21, 1895 **9. AGE** (In years last birthday): 62 — IF UNDER 1 YEAR: Months 9 Days 21 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cement Plant
11. BIRTHPLACE (City and state or country): Hamburg, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: John P. Hoffman
13b. MOTHER'S MAIDEN NAME: Salome Walters
14. NAME OF HUSBAND OR WIFE: Christine D. Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-05-7974
17. INFORMANT: Jerome Hoffman Address: Cape Girardeau, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bulbar sclerosis — 6 years +
DUE TO (c) 345X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 COUNTY STATE

21. I attended the deceased from July 6, 1950, to Sept 5, 1958 and last saw her/him alive on Sept 5, 1958
Death occurred at 5:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Crowe (Degree or title) MD **22b. ADDRESS** Cape Girardeau Mo **22c. DATE SIGNED** Sept 8, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** Sept. 8, 1958 **23c. NAME OF CEMETERY OR CREMATORY:** St. Marys Cemetery **23d. LOCATION** (City, town, or county) (State): Cape Girardeau, Missouri

24. FUNERAL DIRECTOR: Walther's Funeral Home **ADDRESS** Cape Gir, Mo. **25. DATE RECD. BY LOCAL REG.** Sept 10, 1958 **26. REGISTRAR'S SIGNATURE** Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.