

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040954

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 116

FILED NOV 18 1958

1. PLACE OF DEATH a. COUNTY Perry Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Perryville
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 343 N. Water		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 343 N. Water
3. NAME OF DECEASED (Type or print) First Middle Last Janett Hoffman			4. DATE OF DEATH Month Day Year Oct. 19 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1915
9. AGE (In years last birthday) 43		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) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME August Lappe	
13b. MOTHER'S MAIDEN NAME Rose Braun		14. NAME OF HUSBAND OR WIFE Lester A. Hoffman	
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 Address Lester A. Hoffman Perryville Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma - General Metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Carcinoma of Breast DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 2 2 yrs
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 Death occurred at July 25, 1956 and last saw her alive on Oct. 17, 1958 375 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) D. A. Carron MD	
22b. ADDRESS Perryville Mo		22c. DATE SIGNED 10-20-58	
23a. BURIAL, CREMATION, RENOVAL (Specify) Burial		23b. DATE Oct. 22 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) Perryville		23e. STATE Mo.	
24. FUNERAL DIRECTOR Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. 10/21/58	26. REGISTRAR'S SIGNATURE Joe J. Zellner

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wallace Jammy*

Licensed Embalmer No. *4029*

P. O. Address. *Perryville*

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.