

HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044686

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|--|--------------------|---|--|--|--|---|--|
| FILED JAN 5 1958 | | Registration District No. 163 | | Primary Registration District No. 5396 | | Registrar's No. 83 | |
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFF | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN De Soto (VALLE) | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN De Soto | | 0510 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. W. OF De Soto on H. H. | | Length of stay in lb 5 MONTHS | | d. STREET ADDRESS 5 Mi. W. OF De Soto on H. H. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last JANE VICTORIA HOFFMAN | | | | 4. DATE OF DEATH Month Day Year DEC. 25 1958 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Nov. 12, 1888 | | 9. AGE (In years last birthday) 70 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 100. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (City and state or country) WASH. CO. Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A | |
| 13. FATHER'S NAME W.M.C. RIDENOUR | | | | 14. MOTHER'S MAIDEN NAME ELIZA EMILY | | | |
| 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. 497-01-0809 | | 17. INFORMANT Address CORINNE RIDENOUR 1175 HODIAMENT ST. LOUIS 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) CORONARY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } 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) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 17 HOURS |
| 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.) 4201 | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 DEC. 24, 1958, to DEC. 24, 1958 and last saw her alive on DEC. 24, 1958 Death occurred at J.A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Harold E. Donnell M.D. | | | | 22b. ADDRESS De Soto, Missouri | | 22c. DATE SIGNED Dec 26, '58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE DEC. 25, 1958 | 23c. NAME OF CEMETERY OR CREMATORY OAK LAND | | 23d. LOCATION (City, town, or county) De Soto RURAL | | (State) Mo. |
| 24. FUNERAL DIRECTOR ADDRESS U. B. DIETRICH, De Soto Mo. | | | 25. DATE RECD. BY LOCAL REG. Dec. 27-1958 | | 26. REGISTRAR'S SIGNATURE Marie Farris | | |

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1959
JAN 17 1959
FEB 17 1959

JAN 27 1959
JAN 28 1959

DATE RECEIVED
DEC 31 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald B. Detmold*

Licensed Embalmer No. 4

P. O. Address *Calhoun*

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.