

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006219

STATE FILE NUMBER

Health, Welfare, Public Service

FILED MAR 12 1959

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 18

300
-57

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Higginsville <i>C 5410</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1602 Walnut St.		Length of stay in lb 8 yrs.	d. STREET ADDRESS (If outside, give location) 1602 Walnut St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Alfred Middle Herman Last Hoefler			4. DATE OF DEATH Month 2 Day 24 Year 1959		
5. SEX Male	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 Sept. 17, 1875	9. AGE (In years last birthday) 83	FUNDER 1 YEAR Months 5 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture & Undertaking		10b. KIND OF BUSINESS OR INDUSTRY Furniture Funeral	11. BIRTHPLACE (City and state or country) Higginsville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Hoefler		13b. MOTHER'S MAIDEN NAME Alvena Nolting		14. NAME OF HUSBAND OR WIFE Alvena Hefter Hoefler	

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. 491-32-3057	17. INFORMANT Alvena Hoefler	Address Higginsville, Missouri.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days several year 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe Anemia			
DUE TO (c) Myelogenous Leukemia <i>2041F</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pt. fell and struck his head 3 days before death - considerable			
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 _____ 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 Higginsville	COUNTY Missouri	STATE
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21. I attended the deceased from **12-30-56** to **2-24-59** and last saw him alive on **2-24-59**
Death occurred at **9:50 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. E. Fulberson M.D.	22b. ADDRESS Higginsville Mo.	22c. DATE SIGNED 3-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-27-1959	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) Higginsville, Missouri.
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24. FUNERAL DIRECTOR F. R. Hoefler	ADDRESS Higginsville, Mo.	25. DATE RECD. BY LOCAL REG. 3-10-59	26. REGISTRAR'S SIGNATURE Lucie Gordon Jordan
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 22 1959

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 *Forest P. Hooper*

Licensed Embalmer No. 480I

P. O. Address Higginsville, Mo.

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.