

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016728

FILED JUN 8 1959

Registration District No. 39 Primary Registration District No. 3006 STATE FILE NUMBER Registrar's No. 250

300  
-57

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u>		c. CITY OR TOWN <u>COLUMBIA</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VANDIVER DRIVE</u>		d. STREET ADDRESS (If outside, give location) <u>0105 VANDIVER DRIVE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FELIX FRANKLIN HOFFMAN</u>		4. DATE OF DEATH Month Day Year <u>MAY 31 1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-25-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CUSTODIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARTFELDS</u>	11. BIRTHPLACE (City and state or country) <u>BOONE COUNTY, MO.</u>
13a. FATHER'S NAME <u>ALFRED HOFFMAN</u>		13b. MOTHER'S MAIDEN NAME <u>DEWILTON GRAY</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET L. HOFFMAN</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-07-2253</u>	17. INFORMANT Address <u>FRED HOFFMAN (BROTHER) COLUMBIA</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
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)			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 <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 <u>Coroner</u> her/him alive on <u>Call</u> Death occurred at <u>approx 4:52</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <u>Walter P. Perma, M.D. Coroner</u>		22b. ADDRESS <u>Univ. of Mo. Med Center</u>	
		22c. DATE SIGNED <u>31 May 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE 2/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>COLUMBIA CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>COLUMBIA MISSOURI</u>
24. FUNERAL DIRECTOR <u>PARKERS FUNERAL SERV. MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>June 1 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2381 87 1000

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 *George A. Kerby* .....

Licensed Embalmer No. *4757* .....

P. O. Address *Columbia* .....

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.