

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025649

FILED VS AUG 11 1959

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 153

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b	c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. McCune Brooks Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 3	
3. NAME OF DECEASED (Type or print) First Jacob Middle S. Last Hoff			4. DATE OF DEATH Month July Day 31 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-31-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Oswego, Kans.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John Hoff		13b. MOTHER'S MAIDEN NAME Anna M. Myers		14. NAME OF HUSBAND OR WIFE Nancy Nevins Hoff	
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. 489-24-9488	17. INFORMANT Address Mrs. Hershell Ralston, Carthage, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Injuries Multiple Extreme					Almost instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1. Crush injury chest					
DUE TO (c) 2. Multiple fractures lower extremities					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) working a building, wall collapsed and			
20c. TIME OF INJURY 10:30 a.m.	Month, Day, Year 7-31-59	landed from breach of roof debris - crushing chest + lower extremities			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Pleasant Valley School	20f. CITY, TOWN, OR LOCATION Carthage		COUNTY Jasper STATE Mo.
21. I attended the deceased from death was sudden and last saw her alive on _____					
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Lester C. Thomas Jasper County			22b. ADDRESS Medical Arts Bldg Joplin Mo.		22c. DATE SIGNED 8/4/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY Fellowship Cemetery		23d. LOCATION (City, town, or county) (State) Lawrence Co. Missouri	
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.			25. DATE RECD. BY LOCAL REG. Aug 10, 1959	26. REGISTRAR'S SIGNATURE Cunice Strait, Deputy	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 1961

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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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Roy Reu

Licensed Embalmer No. 4405

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.