

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033439

FILED VS SEP 28 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 225

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>	Length of stay in 1b <b>6 WKS</b>	c. CITY OR TOWN <b>Elsberry</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle Last <b>Hoffman</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>19,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/12/94</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>7</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lincoln County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Fredrick Hoffman</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Steger</b>	14. NAME OF HUSBAND OR WIFE <b>Zelma Hoffman</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>495-14-7571-BA</b>	17. INFORMANT <b>Mrs. Zelma Hoffman, Elsberry, Mo</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
IMMEDIATE CAUSE (a) <b>Arterio sclerotic heart disease</b>	DUE TO (b) <b>General arterio sclerosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes</b>	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year	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
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21. I attended the deceased from <b>July 30-59</b> to <b>Sept 19</b> and last saw <sup>him</sup> alive on <b>Sept 19-59</b> Death occurred at <b>2:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Vaughn A. Salinger MD</b>	22b. ADDRESS <b>St Charles, Mo</b>	22c. DATE SIGNED <b>9/21/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/22/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elsberry City Cemetery</b>	23d. LOCATION (City, town, or county) <b>Elsberry, Mo.</b>
24. FUNERAL DIRECTOR <b>Miller Funeral Home, Elsberry, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 21-59</b>	26. REGISTRAR'S SIGNATURE <b>Marella Wilson</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1958  
SEP 8 11

**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 David P. Bane

Licensed Embalmer No. 5060

P. O. Address St. Charles

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.