

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035348**

**FILED VS NOV 16 1959**

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 608 308

ENDED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Butler</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Poplar Bluff</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Ripley</u>
Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>Doniphan, Route 1 (Rural)</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Childrens Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>5 1/2 mi. S. of Doniphan, Mo</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Jimmie Leland Hoefler</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Oct. 16, 1959</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Sept. 27, 1959</u>	<b>9. AGE (last birthday)</b>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>never worked</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Never worked</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Poplar Bluff, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Jimmie Lee Hoefler</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Beverly Sipes</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>never married</u>		

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> <u>Jimmie L Hoefler, Doniphan Mo.</u>	<b>Address</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>7 Da.</u>
IMMEDIATE CAUSE (a)	<u>Cong. Heart Disease</u>	
DUPLICATE (b)	<u>(Type undet.)</u>	
DUPLICATE (c)		
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

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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**21. I attended the deceased from** 10-13-59 **to** 10-16-59 **and last saw her alive on** 10/16/59  
**Death occurred at** 10:10 **A** **m** **on the date stated above, and to the best of my knowledge, from the causes stated.**

<b>22a. SIGNATURE</b> (Degree or title) <u>Arthur C. Parker, D.M.S.</u>	<b>22b. ADDRESS</b> <u>Poplar Bluff, Mo.</u>	<b>22c. DATE SIGNED</b> <u>10/24/59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>Oct. 17, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Doniphan Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Doniphan, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Ray Means, Doniphan, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>11/2/59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Ray Meador

Licensed Embalmer No. 3743

P. O. Address Donipham,

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.