

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011975

FILED VS APR 5 1960

STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 25

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Peniscot	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville	a. STATE Missouri	b. COUNTY Peniscot
Length of stay in 1b 43 Yrs.		c. CITY OR TOWN Caruthersville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 704 Highland		d. STREET ADDRESS (If outside, give location) 704 Highland	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Harriet	Middle W.	Last Hoffman	Month March	Day 19	Year 1960	

5. SEX Female	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 Oct. 14, 1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Leitersburg Maryland	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME -----Wishard	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE X
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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. None	17. INFORMANT Harry M. Hoffman-St. Louis, 23 Mo.	Address 210 Herman
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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
IMMEDIATE CAUSE (a)	Gastric Stenosis, Sudden	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>As Breast Metastases 5 years</i>	
DUE TO (c)	<i>A</i>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Malignant Neutropenia</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Feb-11, 1960 to Mar 19, 1960 and last saw her alive on Mar 19-60	Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>E. D. Carr</i>	(Degree or title) M.D.	22b. ADDRESS Caruthersville	22c. DATE SIGNED 3/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	23d. LOCATION (City, town, or county) Caruthersville, Missouri
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24. FUNERAL DIRECTOR H.S. Smith Funeral Home-C'vle. Mo.	ADDRESS 3-28-1960	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Jack W Tipton
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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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W Denver Pike

Licensed Embalmer No. 4484
P. O. Address Caruthersville, T.

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.