

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

**=60-014420**

**FILED VS APR 20 1960**

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>20 mos.</u>	c. CITY OR TOWN <u>Lohman</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. #1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Maggie</u> Middle <u>Hoffman</u> Last <u>Hoffman</u>			4. DATE OF DEATH Month <u>Apr.</u> Day <u>13</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</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>Feb 1887</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Lohman, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Otto Stroebel</u>		13b. MOTHER'S MAIDEN NAME <u>Ukwn</u>		14. NAME OF HUSBAND OR WIFE <u>Ukwn.</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>D.K.</u>	17. INFORMANT Address <u>Hosp. Records Fulton, Mo</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) Left lower lobe pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic brain syndrome

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Chronic Brain Syndrome

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED?  
YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_  
a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
State Hospital

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
8-21-1958 to 4-13-60 State Hospital Callaway Mo

21.  attended the deceased from \_\_\_\_\_ to \_\_\_\_\_  
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
James K. Rothermel M.D.

22b. ADDRESS  
State Hosp. # 1

22c. DATE SIGNED  
April 14, 1960

23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)  
Lohman

23b. DATE  
4-16-60

23c. NAME OF CEMETERY OR CREMATORY  
Lohman Cem.

23d. LOCATION (City, town, or county)  
Lohman Mo

24. FUNERAL DIRECTOR  
SCRIVNER Furs Home, Russellville, Mo

25. DATE RECD. BY LOCAL REG.  
Apr 16 1960

26. REGISTRAR'S SIGNATURE  
Maretha Lawrence

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

MAY 8 1960

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 Jani R. Scrumi

Licensed Embalmer No. 4880

P. O. Address Verona, N.J.

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.