

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022156

FILED VS JUN 14 1960

Registration District No. 372 Primary Registration District No. 6269 Registrar's No. 10

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR R. Hopedale Township Length of stay in 1b		c. CITY OR TOWN SEYMOUR 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. STREET ADDRESS (If outside, give location) ROUTE 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ADAM HOFMANN			4. DATE OF DEATH Month Day Year 6 - 8 - 60				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-16-1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MARION, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JOSEPH HOFMANN		13b. MOTHER'S MAIDEN NAME ELIZABETH PENCE		14. NAME OF HUSBAND OR WIFE DENNA HOFMANN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLDWAR I		16. SOCIAL SECURITY NO. 491-42-8339		17. INFORMANT Address MRS. MARY HORN SEYMOUR, 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) Acute Circulatory Failure		5 MIN	
DUE TO (b) Secondary Thrombosis & Myocardial Infarction		?	
DUE TO (c) Heterosclerosis		?	
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 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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

21. I attended the deceased from **6/1/60** to **6/8/60** and last saw ^{her} ~~him~~ alive on **6/8/60**
Death occurred at **5 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.R. Giee D.O.		22b. ADDRESS Seymour		22c. DATE SIGNED 6/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-11-60	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) WEBSTER Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS Robert Benjamin Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 6-11-1960	26. REGISTRAR'S SIGNATURE Gilbert Jones	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 18 1967

JUN 17 1967

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield

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