URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-025913

STATE FILE NUMBER

FILED VS AUG 15 1960

NDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 839

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|---|---|
| 1. PLACE OF DEATH a. COUNTY: Buchanan | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Andrew |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 2 days | c. CITY OR TOWN: Cosby — Inside Limits: Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Methodist Hospital — Inside Limits: Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐ |

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|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: LOUISE | Middle: C. | Last: HOFFMAN | 4. DATE OF DEATH: Month August, Day 4, Year 1960 |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH: 11/11/1874 | 9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (City and state or country): Wathena, Kansas | 12. CITIZEN OF WHAT COUNTRY: USA | |
| 13a. FATHER'S NAME: Frederick Seiter | 13b. MOTHER'S MAIDEN NAME: unknown | 14. NAME OF HUSBAND OR WIFE: William Hoffman | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----- | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Hobart Hoffman, Address: 2420 Lafayette, St. Joseph, Mo | | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Thrombosis of common iliac art & mesenteric vs. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Left ventricular failure, acute

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 a.m. p.m. Month, Day, Year

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.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 8-2-60, to 8-4-60 and last saw her/him alive on 8-3-60

Death occurred at 2:05 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title): William H. Ames, MD | 22b. ADDRESS: 902 Edmond St | 22c. DATE SIGNED: 8-5-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): burial | 23b. DATE: 8/7/1960 | 23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery | 23d. LOCATION (City, town, or county) (State): Cosby Missouri |
| 24. FUNERAL DIRECTOR: Heaton-Bowman, ADDRESS: St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG.: Aug 9, 1960 | 26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell | |

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Wm H. Ames MD

**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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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