

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

**=60-026140**

**FILED VS JUL 18 1960**

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 281

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Cape</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Length of stay in 1b <b>7 days</b>		c. CITY OR TOWN <b>Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Southeast Missouri-Hosp</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1 mile East Gordonville</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Herman</b> Middle <b>Hoffmeister</b> Last <b>Hoffmeister</b>				4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9/20/1872</b>	9. AGE (last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Cape Girardeau County U. S. A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Henry Hoffmeister</b>			13b. MOTHER'S MAIDEN NAME <b>Fredricka Wessell</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Hoffmeister</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Albert Hoffmeister Gordonville</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>							INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease + probably by dehydration</b>						
	DUE TO (c) <b>sepsis due to localized peritonitis</b>						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>① Azotemia ② Drainage of appendiceal abscess</b>							PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>
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 <b>Jan 13, 1948</b> to <b>July 7, 1960</b> and last saw her <b>July 7, 1960</b> Death occurred at <b>7:22 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. H. Trolinger, M.D.</b> (Degree or title)				22b. ADDRESS <b>J. H. TROLINGER, M. D. JACKSON, MISSOURI</b>		22c. DATE SIGNED <b>7/9/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/10, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. James</b>		23d. LOCATION (City, town, or county) <b>Tilsit, Mo.</b>		(State)
24. FUNERAL DIRECTOR <b>S. C. Cracraft Jackson, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>7-12-60</b>		26. REGISTRAR'S SIGNATURE <b>Irwin Kasten</b>		

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 

Licensed Embalmer No. 4327

P. O. Address Jackson, Miss

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.