

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037846

REGISTRATION DISTRICT NO. 80

PRIMARY REGISTRATION DISTRICT NO. 4142

REGISTRAR'S NO. 14

STATE FILE NUMBER

INDEXED

| | | | | | | | | | |
|---|--|---|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY COLE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RUSSELLVILLE | | Length of stay in 1b 12 YRS. | | c. CITY OR TOWN RUSSELLVILLE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RAILROAD AVE | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) RAILROAD AVE. | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) GEORGE OTTO HOFFMAN | | | | First | | Middle | | Last | |
| 4. DATE OF DEATH Oct. 26 1960 | | | | Month | | Day | | Year | |
| 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 APRIL 30 1883 | | 9. AGE (last birthday) 77 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM | | 10b. KIND OF BUSINESS OR INDUSTRY FARM | | 11. BIRTHPLACE (City and state or country) RUSSELLVILLE MO | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | IF UNDER 1 YEAR Months 3 Days 26 | |
| 13a. FATHER'S NAME JOHN HOFFMAN | | 13b. MOTHER'S MAIDEN NAME MARY STRAUSS | | | 14. NAME OF HUSBAND OR WIFE ESTHER HOFFMAN | | | | |
| 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 Address ESTHER HOFFMAN RUSSELLVILLE 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) Uremia | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 28 hr | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Chronic Nephritis. | | DUE TO (c) Chronic Arteriosclerosis | | | | 5 year | |
| | | | | | | | | 10 yr | |
| 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 a.m. p.m. | | Month, Day, Year | | | | | |
| 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 Jan 1 1941 to Oct 26 - 60 and last saw him alive on Oct 26 60 | | | | Death occurred at 8:AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) E. M. Eubank D.O. | | | | 22b. ADDRESS Russellville Mo | | | | 22c. DATE SIGNED 10-26-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE Oct. 28 1960 | | 23c. NAME OF CEMETERY OR CREMATORY TRINITY LUTHERAN CEMETERY | | 23d. LOCATION (City, town or county) (State) COLE County Mo. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Scrowler - Lewisson Russellville Mo | | | | 25. DATE RECD. BY LOCAL REG. Oct. 28 | | 26. REGISTRAR'S SIGNATURE Minnie Hittmeyer | | | |

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stoner M

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.