

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038861

FILED VS. NOV 9 1960 172

Primary Registration District No. 3034 Registrar's No. 89

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Length of stay in 1b Life		c. CITY OR TOWN Higginsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION I704 Shelby			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) I704 Shelby		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle E. Last Hoefler				4. DATE OF DEATH Month 10 Day 19 Year 1960			
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 4-27-1900	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 5 Days 22	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (City and state or country) Higginsville, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Hoefler			13b. MOTHER'S MAIDEN NAME Louise Meinershagen		14. NAME OF HUSBAND OR WIFE Louise Schowenærdt Hoefler		
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. 492-I4-I67I	17. INFORMANT Mrs. Louise Hoefler Higginsville, 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) Carcinoma of floor of mouth						INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 Feb. 8, 1960 to Oct. 19, 1960 and last saw ^{her} him alive on Aug. 2, 1960 Death occurred at 6.40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>W. Koppelman M.D.</i>				22b. ADDRESS Higginsville, Mo.		22c. DATE SIGNED 10-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-21-1960	23c. NAME OF CEMETERY OR CREMATORY Evangelical		23d. LOCATION (City, town, or county) Higginsville, Mo.		(State)	
24. FUNERAL DIRECTOR Forrest R. Hoefler Higginsville, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. Nov. 3. 1960	26. REGISTRAR'S SIGNATURE <i>Lutie Gordon Jordan</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 15 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest R. Hoefler

Licensed Embalmer No. 480I

P. O. Address Higginsville,

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