ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-012587
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 5121 Registrar's No. 244

FILED APR 17 1961

1. PLACE OF DEATH
a. COUNTY Columbia Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perche
Length of stay in 1b: instant
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5½ Miles N. Highw. 40
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 5
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Jerry Middle Francis Last Hofstetter
4. DATE OF DEATH: Month 4 Day 10 Year 1961
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 5/11/34
9. AGE (last birthday): 26
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: filling station
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: ____
13a. FATHER'S NAME: Frank H. Hofstetter
13b. MOTHER'S MAIDEN NAME: Jewell Baker
14. NAME OF HUSBAND OR WIFE: ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: ____
17. INFORMANT: Mr. Frank Hofstetter Address: Columbia Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple extreme injuries of head, chest and lower extremities — INTERVAL BETWEEN ONSET AND DEATH: Immed.
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. ☐ 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.) Auto accident - head-on collision -
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5.5 mi. N of Hiway 40 on Route J - Perche township.
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: Boone STATE: Mo
21. I attended the deceased from Coroner's Case and last saw her/him alive on ____
Death occurred at 6:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Richard E. Johnson, MD
22b. ADDRESS Columbia, Mo
22c. DATE SIGNED 4-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/13/1961
23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
23d. LOCATION (City, town, or county) (State) Golconda, Illinois
24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. April 12 1961
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF ____ DOCUMENT

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 Richard A Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia Mo

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.