

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017011

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 131

FILED MAY 29 1961

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN St. Clair	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS Rural	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If outside, give location Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Irene Last Hoff			4. DATE OF DEATH Month May Day 18 , Year 1961		
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5. SEX Female	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 Feb. 13, 1912	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry	11. BIRTHPLACE (City and state or country) Marion County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Elmer Breeden	13b. MOTHER'S MAIDEN NAME Edith Burns	14. NAME OF HUSBAND OR WIFE Chauncy Hoff
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Chauncy Hoff	Address St. Clair, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 2 years
IMMEDIATE CAUSE (a) Multiple myeloma		
DUE TO (b) (generalized metastasis)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemolytic anemia associated		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)
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20c. TIME OF INJURY Hour 9:55 a.m. P. 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 St. Clair, Mo.	COUNTY Franklin	STATE Missouri
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21. I attended the deceased from 1959 to Death and last saw her him alive on May 18 - 1961 Death occurred at 9:55 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE John F. Puel, M.D.	(Degree or title)	22b. ADDRESS St. Clair, Mo.	22c. DATE SIGNED 5-20-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 21, 1961	23c. NAME OF CEMETERY OR CREMATORY Union City Cemetery	23d. LOCATION (City, town, or county) Union, Mo.	(State)
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24. FUNERAL DIRECTOR Casey-Lenox	ADDRESS St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. 5/23/61	26. REGISTRAR'S SIGNATURE Loth C. Schuman
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 Willard L. Strasser, Student Embalmer No. 623

working under my personal supervision.

Student

Willard L. Strasser
Signature of Student Embalmer

Signed

H. M. Fenwick, Jr.

Licensed Embalmer No. 5090

P. O. Address

St. Clair, 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.