

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025827
STATE FILE NUMBER

AMENDED

Registration District No. 171 Primary Registration District No. 4265 Registrar's No. 25

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED AUG 11 1961

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Napoleon Length of stay in 1b life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Lafayette
c. CITY OR TOWN Napoleon Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) west edge of Napoleon Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lena Middle JM Last Johanna Hoffman 4. DATE OF DEATH Month Aug. Day 2 Year 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-29-1886 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY housewife 11. BIRTHPLACE (City and state or country) Ray County, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm. Braksick 13b. MOTHER'S MAIDEN NAME Johanna Beckemeyer 14. NAME OF HUSBAND OR WIFE Henry 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 Henry Knoche, Napoleon, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation
DUE TO (b) Uncontrolled Pernicious Anemia
(c) And Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH 2 months
5 years
10 years

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.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

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 STATE

21. I attended the deceased from 4-12-61 to 8-2-61 and last saw her alive on 8-2-61
Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Wellington, Mo. 22c. DATE SIGNED 8-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 8-5-1961 23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery 23d. LOCATION (City, town, or county) (State) Napoleon, Lafayette, Mo.

24. FUNERAL DIRECTOR Ralph O. Jones Funeral Home ADDRESS Odessa, Missouri 25. DATE RECD. BY LOCAL REG. 8/4/1961 26. REGISTRAR'S SIGNATURE [Signature]

Odessa, Missouri (Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4604

P.O. Address Odessa, Tex.

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.