MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001010
STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 104

FILED FEB 6 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Central — Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Moselle Road — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Franklin
c. CITY OR TOWN St. Clair — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt. 1, Moselle Rd. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: John Middle: Last: Hoffman

4. DATE OF DEATH Month Day Year: Jan. 29, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/23/86
9. AGE (last birthday): 75 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Gen'l Farm
11. BIRTHPLACE (City and state or country): Oakville, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: August Hoffman
13b. MOTHER'S MAIDEN NAME: Amelia Gephart
14. NAME OF HUSBAND OR WIFE: Ella Bruns Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ella Hoffman Address: St. Clair, Mo.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Metastatic carcinomatosis	6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	primary rectal adenocarcinoma	aprox 1 yr
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerotic cardiovascular dis.

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 a.m. p.m. Month, Day, Year
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 13 Sept 61, to 15 Jan 62 and last saw her/him alive on 23 Dec 62
Death occurred at 5:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo. A. Richardson M.D.
22b. ADDRESS: Union, Mo.
22c. DATE SIGNED: 29 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/31/62
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Grubville, Mo.

24. FUNERAL DIRECTOR: Casey Lenox Funeral Home ADDRESS: St. Clair, Mo.
25. DATE RECD. BY LOCAL REG.: 1-29-62
26. REGISTRAR'S SIGNATURE: Bradley Smith

(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 R. M. Lund

Licensed Embalmer No. 3601

P. O. Address St. Louis, 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.