

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030436

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 551

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0269

2 02109

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Community</u>		d. STREET ADDRESS (If outside, give location) <u>201 So. East California, Mo.</u> <u>Memorial Community Hospital</u>	
3. NAME OF DECEASED (Type or print) First <u>Gerard</u> Middle <u>Walter</u> Last <u>Hoffmann</u>			4. DATE OF DEATH Month <u>September</u> Day <u>11</u> Year <u>1962</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-11-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>6</u>
11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S. of America</u>	
13a. FATHER'S NAME <u>Thomas Walter Hoffmann</u>		13b. MOTHER'S MAIDEN NAME <u>Judith Ann Suppold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		17. INFORMANT <u>D. W. Hoffmann</u> Address <u>Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Atele-taxis</u> DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
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 <u>Sept 11 1962</u> to <u>Sept 11 1962</u> and last saw him alive on <u>Sept 11 1962</u> Death occurred at <u>10:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Reverend Paul A. Calogredes, Ms</u>		22c. DATE SIGNED <u>9-12-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to</u>		23b. DATE <u>9-12-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Annunciation Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>California, Mo.</u>	
24. FUNERAL DIRECTOR <u>D. W. Hoffmann, Father, California</u> ADDRESS <u>Mo</u>		25. DATE RECD. BY LOCAL REG. <u>September 19 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Doris M. Richter, Reg</u>			

Body not embalmed

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. _____

P. O. Address _____

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.