

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034792

4808 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. FILED 001 49 8 1962 Registration District No. 1002 Registrar's No. 4808

VS 300
Rev. 4/59

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DATE AMENDED

10-22-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

B. Anatomical - 9-19-63 - Leeds Cem. Anatomical Soc. K. C. Mo.

BY AFFIDAVIT OF Funeral Director

DOCUMENT

MEDICAL CERTIFICATION

Wm. Lohmeyer

Frank Ellis

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 9 mon. 16 da.	c. CITY OR TOWN Nevada
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) State Hospital #3
3. NAME OF DECEASED (Type or print) First Grace Middle Last Hoffarth		4. DATE OF DEATH Month September Day 16 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widow <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-23-92
9. AGE (last birthday) 70		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) "Unknown"		10b. KIND OF BUSINESS OR INDUSTRY "Unknown"	11. BIRTHPLACE (City and state or country) Wright County, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. NAME OF HUSBAND OR WIFE "Unknown"	
13a. FATHER'S NAME "Unknown"		13b. MOTHER'S MAIDEN NAME "Unknown"	
14. NAME OF HUSBAND OR WIFE "Unknown"		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) "Unknown"	
16. SOCIAL SECURITY NO. "Unknown"		17. INFORMANT Jackson County Home & Hosp. Records: K.C. Gen. Hosp. & Mad Cen.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Generalized Arteriosclerosis			
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) Gangrene of irthg fifth toe		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. _____	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 8-17-62 to 9-16-62 and last saw her/him alive on 9-16-62		Death occurred at 5:00 P on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS 2400 Cherry - K.C., Mo.	22c. DATE SIGNED 9-19-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical	23b. DATE 8-1-63 9-19-62	23c. NAME OF CEMETERY OR CREMATORY Kansas City - Leeds Cem. Anatomical Society	23d. LOCATION (City, town, or county) (State) Kansas City, Jackson, Mo.
24. FUNERAL DIRECTOR Wm. Lohmeyer Weilert's 2332-Monitor-Place, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 9-19-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

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

B. E. Weibel

Licensed Embalmer No. 4075

P. O. Address 2 E. 8th 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.