

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039252

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

<p style="font-size: 18pt; font-weight: bold;">FILED OCT 29 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jefferson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Valle</u> Length of stay in lb _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H1 Way 21</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u></p> <p>c. CITY OR TOWN <u>DeSoto</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>819 Blow</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					
<p>3. NAME OF DECEASED First Middle Last (Type or print) <u>Connie Lee Hoff</u></p>		<p>4. DATE OF DEATH Month Day Year <u>10-24-62</u></p>					
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>4-20-1947</u></p>	<p>9. AGE (last birthday) <u>15</u></p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>		
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>School</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>DeSoto, Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>Rolla G. Hoff</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Helen Robertson</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>None</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>		<p>17. INFORMANT Address <u>Rolla G. Hoff 819 Blow DeSoto, Mo.</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Multiple fracture &amp; lacerations &amp; puncture wound to neck.</u></p> <p style="text-align: center;">DUE TO (b) _____</p> <p style="text-align: center;">DUE TO (c) _____</p> <p style="font-size: 8pt;">Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>							
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Head on Auto Accident.</u></p>			
<p>20c. TIME OF INJURY Hour <u>10:30</u> p.m. Month, Day, Year <u>10-24-62</u></p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u></p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Valle Twp Jeff Mo</u></p>	
<p>21. I attended the deceased from <u>Coroner's View</u> and last saw her/him alive on _____</p> <p>Death occurred at <u>10:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE (Degree or title) <u>James A. DeLoach M.D. Coroner</u></p>				<p>22b. ADDRESS <u>Fulton Mo</u></p>		<p>22c. DATE SIGNED <u>10-25-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>10-27-1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>DeSoto, Mo.</u></p>		
<p>24. FUNERAL DIRECTOR ADDRESS <u>Mahn Funeral Home DeSoto, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>10-26-1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Marie Harris</u></p>		

VS 300 Rev. 4/59

10500  
20505

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

OCT 31 1962

Permit's should 10-26-62. M. J.

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 Gerald J. Mahan

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.