

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-041050**

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 1440

DO NOT WRITE ON THIS STUB

AMENDED

**FILED NOV 13 1963**

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1769 S. River Rd.</u>		d. STREET ADDRESS (If outside, give location) <u>1769 S. River Rd.</u>	

3. NAME OF DECEASED (Type or print) First <u>Virginia</u> Middle <u>May</u> Last <u>Hoffman</u>			4. DATE OF DEATH Month <u>November</u> Day <u>7</u> Year <u>1963</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/24/1894</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>12</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
----------------------	-------------------------------	--	-----------------------------------	----------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Danville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>George P. Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Allie Christian</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Hoffman</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>No</u> )	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT Address <u>Hudson Long, Mexico, Mo.</u>
---	----------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
DUE TO (b) <u>Hypertensive and arteriosclerotic Cardiovascular Disease</u>		
DUE TO (c) <u>Unknown</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>		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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
---	--------------------------

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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>
--	--	---

21. I attended the deceased from July 7, 1960 to November 1960 and last saw her him alive on Nov 7, 1963  
Death occurred at 5:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Don Z. Randall M.D.</u>	22b. ADDRESS <u>220 S. 6th St. Charles, Mo.</u>	22c. DATE SIGNED <u>Nov 9, 1963</u>
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/9/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>
---	----------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <u>Arthur C. Baue 620 Jefferson St., St. Charles, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 9-1963</u>	26. REGISTRAR'S SIGNATURE <u>Colman Stewart</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side) Mabel Zumbwalt Dep

VS 300 Rev. 4/59  
1 0928  
2 0928  
3  
4 1  
5 1  
6  
7 0  
8 2  
9 4/201  
10  
11  
12 70-0  
13 5-0

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

**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 Conrad L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, 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.