

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

311

State File No.

FILED JAN 19 1953

BIRTH NO. <u>427</u>		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>44</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> c. LENGTH OF STAY (in this place) <u>1 hr 55m</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Jefferson Twp.</u> <u>0020</u> d. STREET ADDRESS (If rural, give location) <u>5 1/2 N.W. of St. Joseph on highway K</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>Hoffelmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 11, 1953</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>never married</u>	8. DATE OF BIRTH <u>January 11, 1953</u>	9. AGE (In years last birthday) <u>1</u> <u>55</u> If under 1 year: Months <u>1</u> Days <u>55</u> If under 1 hrs: Hours <u>1</u> Min. <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Garold Hoffelmeyer</u> 13b. MOTHER'S MAIDEN NAME <u>Clara Bowland</u> 14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u> 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Garold Hoffelmeyer, R.R.#2, St. Joseph, Mo.</u> ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Multiple malformation and Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>7593</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP): (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Jan 11, 1953</u> to <u>Jan 11, 1953</u> , that I last saw the deceased alive on <u>Jan 11, 1953</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. L. Wadlow, M.D.</u> (Degree or title)		23b. ADDRESS <u>620 Franklin St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/13/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Savannah, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u> ADDRESS <u>Funeral Home</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 15, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> <u>46</u>		

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4791

P. O. Address 319 So. 10 St. Joseph, 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 this body is not embalmed, fact should be so stated above.