

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018465

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 28 1962

Primary Registration District No. 4144

Registrar's No.

59

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pilot Grove</i>		c. CITY OR TOWN <i>Pilot Grove</i>	
Length of stay in 1b <i>50 yrs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>—</i>		d. STREET ADDRESS (If outside, give location) <i>—</i>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>HERBERT-JOSEPH-HOFF</i>		4. DATE OF DEATH <i>May 18, 1962</i>	
5. SEX <i>male</i>	6. COLOR OF RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 4, 1915</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	
11. BIRTHPLACE (City and state or country) <i>Boonville mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Jacob Hoff</i>		13b. MOTHER'S MAIDEN NAME <i>Jacobena Felton</i>	
14. NAME OF HUSBAND OR WIFE <i>Helena Rose Hoff</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Herman Hoff</i>		Address <i>Sedalia, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>hypertension</i> DUE TO (c) <i>chronic nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic eczema of both legs</i>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <i>March 13-1962</i> to <i>March 15-1962</i> and last saw her alive on <i>March 13, 1962</i> Death occurred at <i>Home</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alexander Raventsooy MD</i> (Degree or title)		22b. ADDRESS <i>Boonville, Mo</i>	
22c. DATE SIGNED <i>May 19, 1962</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>May 21, 1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Joseph Ceme</i>	23d. LOCATION (City, town, or county) <i>Pilot Grove, mo</i>
24. FUNERAL DIRECTOR <i>Hays-Painter, Pilot Grove, mo</i>	25. DATE RECD. BY LOCAL REG. <i>5/21/62</i>	26. REGISTRAR'S SIGNATURE <i>W. Hooper</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 31 1962

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

Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address

Pilot Grove, 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.