

FILED MAR 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9457**

BIRTH NO.		REG. DIST. NO. 219		PRIMARY REG. DIST. NO. 5791		Registrar's No. 38			
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Moniteau	
b. CITY (If outside incorporated limits of a city or town: name of township) Russellville, Rural				c. CITY OR TOWN Russellville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				• STREET ADDRESS (If rural, give location) West of Russellville, Mo.				0680	
3. NAME OF DECEASED (Type or Print) a. (First) Louise			b. (Middle)		c. (Last) Hoffman		4. DATE OF DEATH (Month) (Day) (Year) March 10-1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 11, 1876		9. AGE (In years last birthday) 80 Months 6 Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) HighPoint, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Charlie Osick			13b. MOTHER'S MAIDEN NAME Sophia Fink			14. NAME OF HUSBAND OR WIFE George Hoffman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Andy Hoffman, Russellville Mo					
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* (a) Chronic arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 80 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Chronic Hypertension		20 years			
				DUE TO (c) Chronic nephritis		2 years			
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) (m.)			
				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 Nov 10, 1954 , to Mar 9, 1957 , that I last saw the deceased alive on Mar 9, 1957 , and that death occurred at 11 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. M. Eberhart D. O. 2				23b. ADDRESS Russellville			23c. DATE SIGNED 3-15-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-1957		24c. NAME OF CEMETERY OR CREMATORY Yarnell Cemetery		24d. LOCATION (City, town, or county) (State) HighPoint- Moniteau Co Mo.			
DATE REC'D BY LOCAL REG. 3-21-57		REGISTRAR'S SIGNATURE Edyde A. Bridges			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugh H. Schubert Russellville 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.....
Signature of Student Embalmer

Signed *Henry N. Schubert*
Licensed Embalmer No. *272*

P. O. Address *Russell*

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.