

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5101

State File No.

FILED MAR 9 - 1953

0170

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

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>5203</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miami T.W.P.</u>		c. LENGTH OF STAY (In this place) <u>33 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miami T.W.P.</u>		0170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. N. Miami Station</u>				d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. N. Miami Station</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LILLIE</u>		b. (Middle) <u>HOFFNER</u>		c. (Last) <u>ALBERT</u>	
4. DATE OF DEATH (Month) (Day) (Year)		Feb. <u>26</u> , 19 <u>53</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 23, 1867</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Hoffner</u>		13b. MOTHER'S MAIDEN NAME <u>anna nelson</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Albert, Carrolton Mo R.7.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis +</u> <u>20 yrs</u>	
		DUE TO (c) <u>Diabetes</u>				<u>20 yrs</u>	
		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 <u>260 x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 3</u> , 19 <u>53</u> , to <u>Feb 26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 26</u> , 19 <u>53</u> , and that death occurred at <u>7:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. W. Stewart M.D.</u>				23b. ADDRESS <u>Brunswick, Mo</u>		23c. DATE SIGNED <u>3/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 3 - 1953</u>		REGISTRAR'S SIGNATURE <u>Paul Koch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall, Mo.</u>	

NOV 30 1958

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.