

FILED OCT 18 1940  
488

1. PLACE OF DEATH

(a) County Lincoln  
(b) City or town Hawthorn Point Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
In this community 49 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Rural  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME RICHARD SAMUEL CHOATE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Bell Choate 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased April 25 1862

8. AGE: Years 78 Months 4 Days 7 If less than one day hr. ✓ min. 0

9. Birthplace Silex Mo.

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Richard Owen Choate

13. Birthplace Kentucky

14. Maiden name Isabelle Catherine Young

15. Birthplace Kentucky

16. (a) Informant Owen Choate

17. (a) Burial (b) Date thereof Oct 4 1940

18. (a) Signature of funeral director Wayne Mc Coy

19. (a) 10-3-40 (b) W. F. Quinn

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2nd year 1940 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from Sept 31 1940 to Oct 2 1940 that I last saw him alive on Oct 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions Age

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 430  
While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_

23. Signature R. M. Lane (M. D. \_\_\_\_\_)  
Address Silex Mo. Date signed Oct 3/40

Duration  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Wayne M. Loy*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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, above space should be left blank.**