

FILED JUL 3 1948

Registration District No. 314

Primary Registration District No. 6064

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County: St. Clair  
Osceola (Rural)  
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)  
(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: \_\_\_\_\_ (Specify whether years, months or days)  
In this community: 60 years

3. (a) PRINT Sarah E. Hochstedler  
FULL NAME

3. (b) If veteran, name war: No  
3. (c) Social Security No.: No

4. Sex: Female 5. Color or race: White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: dead years \_\_\_\_\_  
7. Birth date of deceased: January 20 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace: \_\_\_\_\_ Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeping

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

MOTHER FATHER {  
12. Name: Aleck Garringer  
13. Birthplace: Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name: \_\_\_\_\_  
15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Jim Reynolds

(b) Address: Osceola Missouri

17. (a) Burial (b) Date thereof: 5/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Mound Cemetery

18. (a) Signature of funeral director: [Signature]

(b) Address: Osceola Missouri

19. (a) 5-26-1948 (b) Park Secovers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Clair 93  
(c) City or town: Osceola (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No.: \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1948 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 5-6, 1947, to 5-25, 1947; that I last saw him alive on 10-8, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease  
Due to: Essential Hypertension Many years

Due to: \_\_\_\_\_  
Other conditions: (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 93D  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: O

23. Signature: T.H. Taylor, Jr. (M. D. number) M.D.  
Address: Osceola, Mo. Date signed: 5-25-48

RECEIVED  
District Health Officer No. 7,  
District File Number 6-48-74  
Date Filed 7-1-48

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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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.