

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29812

State File No. _____

FILED OCT 7 1948
Registration District No. 1948/9

Primary Registration District No. 1002

Registrar's No. 3838

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 16 hrs.
In this community unknown
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Charles Hostutler

3. (b) If veteran, name war None 3. (c) Social Security No. 496-26-9066A

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED?
6. (b) Name of husband or wife JONNIE HOSTUTLER
6. (c) Age of husband or wife if alive 0 years
7. Birth date of deceased AUG. 7 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 4 If less than one day — hr. — min.

9. Birthplace UNKNOWN 9. (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business —

MOTHER FATHER

12. Name UNKNOWN 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN E. HOSTUTLER
(b) Address LONG BEACH, CALIFORNIA

17. (a) BURIAL (b) Date thereof 9-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BEXNER CEMETARY MO

18. (a) Signature of funeral director George C. Quinn

(b) Address Independence, Mo.

19. (a) 9-20-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 714 E. 9 St.
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1948 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 10, 1948, to Sept. 11, 1948, that I last saw him alive on Sept. 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute coronary occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/10

Major findings: Of operations _____

Of autopsy See above

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 _____

23. Signature John W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-13-48

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

Dr. Kutz

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.....

Licensed Embalmer No.....

P. O. Address.....

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.