

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26259

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 5150 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>			2. USUAL RESIDENCE (Where deceased lived. If immigration: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hamiltonship 6090</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hamiltonship 6090</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home 1/2 mi West of Hamilton</u>			d. STREET ADDRESS (If rural, give location) <u>4 1/2 mi West of Hamilton</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Orla</u> b. (Middle) <u>Allison</u> c. (Last) <u>Hosman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 9 1883</u>	9. AGE (If years last birthday) Months <u>66</u> Days <u>7</u> Hours <u>27</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>	11. BIRTHPLACE (State or foreign country) <u>Not known</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alfred G. Hosman</u>	13b. MOTHER'S (MAIDEN) NAME <u>Addie Turner</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie L. Hosman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie L. Mc Bride Hosman</u> ADDRESS <u>Wilder, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>332X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 7 1949, to Aug 13 1949, that I last saw the deceased alive on Aug 13 1949, and that death occurred at 4:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>H. P. Ester</u> (Deputy or title) <u>No. 2</u>	23b. ADDRESS <u>Hamilton Mo.</u>	23c. DATE SIGNED <u>Aug 15 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 16 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo.</u>
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DATE REC'D BY LOCAL REG <u>Aug 15 1949</u>	REGISTRAR'S SIGNATURE <u>Madys Jones</u> 37	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bronckard Home</u> ADDRESS <u>Hamilton Mo.</u>
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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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
R. A. Brann

Licensed Embalmer No. *3052*

P. O. Address *Harrison 7th*

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.