

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29960
Registrar's No. 50

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 4200

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>		
c. LENGTH OF STAY (In this place) <u>6 Yrs.</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>					

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Elzada</u>	c. (Last) <u>Hosman</u>	4. DATE OF DEATH	(Month) <u>September</u>	(Day) <u>20,</u>	(Year) <u>1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <input checked="" type="checkbox"/> WIDOWED (Specify)	8. DATE OF BIRTH <u>October 3, 1867</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR <u>11</u> Months	11. UNDER 1 MIN. <u>17</u> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>John F. Stockton</u>	13b. MOTHER'S MAIDEN NAME <u>Allie E. Studdard</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Alfred Hosman (Deceased)</u>
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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>Ivan A. Hosman</u>	ADDRESS <u>Ash Grove, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> <u>Several years</u> <u>11/17</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Vascular Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Vascular Heart Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Serility with mild dementia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 Sept 19, 1949, 1948 to September 20, 1949, that I last saw the deceased alive on Sept 19, 1949, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Charles H. Orr</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Ash Grove, Missouri</u>	23c. DATE SIGNED <u>9-21-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>September 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove, Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9/24/49</u>	REGISTRAR'S SIGNATURE <u>Drew H. Wilcox</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim Funeral Service</u>	ADDRESS <u>Ash Grove, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

39-1

RECEIVED

Greene County Health Office,

County File Number 49-59-10

Date Filed 10-4-49

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 Warren D. Noble

Licensed Embalmer No. 4005

P. O. Address Ch. Grove 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.