

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31130**

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5804		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON TWP		c. LENGTH OF STAY (In this place) 2 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MADISON		61	
d. FULL NAME OF HOSPITAL OR INSTITUTION CO. INFIRMARY				d. STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES			b. (Middle) _____			c. (Last) HOCKER	
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 11, 1949		5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH DEC. 25, 1866		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HOCKER			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE MINNIE HOLMES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS W. B. HOCKER, 3445 Road, Kansas City, Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 21.15	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4221	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 2, 1949 , to Sept 11, 1949 , that I last saw the deceased alive on Sept 11, 1949 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Hocker, M.D.				23b. ADDRESS Paris, Mo.		23c. DATE SIGNED 9-12-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-14-49		24c. NAME OF CEMETERY OR CREMATORY DUNAWAY CEMETERY		24d. LOCATION (City, town, or county) (State) 1 M. W. OF MADISON, MO	
DATE REC'D BY LOCAL REG. 9-15-49		REGISTRAR'S SIGNATURE Elbert Baker, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakely		ADDRESS PARIS, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

4
5
6

RECEIVED

SEP 21 1949

District Health Officer N

District File Number 9-49

Date Filed SEP 21 1949

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 E. H. Ogner

Licensed Embalmer No. 7000

P. O. Address Paris, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.