

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36711

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elston 5 Marston</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley Rural Clark</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cole County Infirmary</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>HOSKINS.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25-1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JUNE 5 1861</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Henley Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Thomas Hosking</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mark Belshie Jasper Co</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dependent cardiac vasculer</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>117 3/4</u>
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) (Minute)		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 <u>Nov 23</u> , 19 <u>49</u> to <u>Nov 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>49</u> , and that death occurred at <u>8-A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dean P. Ogler</u>		23b. ADDRESS <u>Jasper Co</u>		23c. DATE SIGNED <u>11-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-27-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill Cems Englewood</u>	24d. LOCATION (City, town, or county) (State) <u>Inc.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 27</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittmeyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. S. Steffens Russellville</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
DEC 8 1919  
District Health Officer No. 9,  
District File Number

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 *W. Steffen*

Licensed Embalmer No. *2307*

P. O. Address *Russellville 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.