

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40876

Registrar's No. 61

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 4200		Registrar's No. 61	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission?)			
a. COUNTY GREENE		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Grove		a. STATE Missouri		b. COUNTY GREENE	
c. LENGTH OF STAY (in this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ash Grove		d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) MINNIE		b. (Middle) Hosman		c. (Last) Hosman		December 28 1949	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH MARCH 2, 1906	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 26	Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Richardson			13b. MOTHER'S MAIDEN NAME Alice Jordan		14. NAME OF HUSBAND OR WIFE Charles W. Hosman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Charles W. Hosman		ADDRESS Ash Grove Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia				DUE TO (b) ACUTE BRONCHIECTASIS			30 min
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) CHRONIC PURULENT BRONCHITIS			4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS							5021
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Jan 1945, to 12-28, 1949, that I last saw the deceased alive on 12-28, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Homer J. Matz, M.D.				23b. ADDRESS Ash Grove, Mo.		23c. DATE SIGNED 12/30/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery		24d. LOCATION (City, town, or county) (State) Ash Grove Mo.	
DATE REC'D BY LOCAL REG. 1/5/49		REGISTRAR'S SIGNATURE Drene S. Wilson 104		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
				Funeral Service		Ash Grove Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

RECEIVED

Greene County Health Office,

County File Number 50-1-1

Date Filed 1-8-50

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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 Clarrin D. Noblett

Licensed Embalmer No. 4805

P. O. Address Cash 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.