

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2102

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Lusk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lusk</u>	
b. CITY OR TOWN <u>Richland</u>		c. CITY OR TOWN <u>Richland</u> 0950	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>FARMER</u>	c. (Last) <u>Honssinger</u>	4. DATE OF DEATH (Month) (Day) (Year)
	<u>William</u>	<u>FARMER</u>	<u>Honssinger</u>	<u>1</u> / <u>2</u> / <u>50</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 14 HRS.
		<u>Widowed</u>	<u>Oct 15, 1864</u>	<u>83</u>	Months <u>2</u> Days <u>7</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY
<u>FARMER</u>		<u>Cattle</u>		<u>Richland, Mo.</u>		<u>U.S.</u>

13a. FATHER'S NAME <u>John Franklin Honssinger</u>	13b. MOTHER'S MAIDEN NAME <u>Miriam Kiddle</u>	14. NAME OF HUSBAND OR WIFE <u>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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cassidy Honssinger</u>	ADDRESS <u>Richland</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hyp. rosolic pneumonia</u>		<u>1 wk.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>indistinct + old age</u> DUE TO (c) <u>arthritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>725X</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) (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 _____, 1942, to Jan 2, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Louis G. M... D.O.</u>	(Degree of title)	23b. ADDRESS <u>Richland Mo.</u>	23c. DATE SIGNED <u>Jan 4-50</u>
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24a. BURIAL, CREMA TION, REMOVAL (Specify)	24b. DATE <u>1/6/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wagon Creek Cemetery, Richland, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>1-7-50</u>	REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorp</u>	25. FUNDRAISER'S SIGNATURE <u>B. L. L... Richland Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

12:30

JAN 7, 1950

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 _____

Ewell Craig
working under my personal supervision.

Student Embalmer No. 329

Student ... Ewell Craig ...
Student Embalmer

Signed _____

R. B. J. J. J.

Licensed Embalmer No. 3198

P. O. Address Pike and 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.