

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5564

State File No. _____

BIRTH NO. 9-302-50 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graham	0745
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CHARLES	b. (Middle) MICHAEL	c. (Last) HOSHOR	2 14		50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 2/13/50	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Maryville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles W. Hoshor	13b. MOTHER'S MAIDEN NAME Alice Marie Harders	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Charles W. Hoshor,	ADDRESS Galena Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth 6 3/4 months		INTERVAL BETWEEN ONSET AND DEATH 9 1/2
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Profoundly Aboluted		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Feb. 13, 1950, to Feb. 14, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. A. Blemer	(Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED Feb 20 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1	24b. DATE 2/14/50	24c. NAME OF CEMETERY OR CREMATORY Salem	24d. LOCATION (City, town, or county) (State) Barnard, Missouri
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DATE REC'D BY LOCAL REG. 2-25-50	REGISTRAR'S SIGNATURE Gess Holt 229	FUNERAL DIRECTOR'S SIGNATURE Prin Funeral Home	ADDRESS Maryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

5740



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed Robert L. Senter.....

Licensed Embalmer No. 4782.....

P. O. Address Marquill, 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.