

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13024**
1738

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1062		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN K. C. Missouri			c. LENGTH OF STAY, (in this place) 2 Mo's	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Baldwin Kansas			9150
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lindeman Nurseing Home				d. STREET ADDRESS (If rural, give location) Baldwin Kansas			
3. NAME OF DECEASED (Type or Print) a. (First) Rolla		b. (Middle) E.		c. (Last) Hoskinson		4. DATE OF DEATH (Month) (Day) (Year) 4 11 1950	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Mar. 30, 1963		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 8 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (State or foreign country) Yankee Springs Michigan		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Pressley Hoskinson			13b. MOTHER'S MAIDEN NAME Jane A. Bishop			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Muriel Passingham		ADDRESS 4926 Bell K. C. Ks.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease</p> <p>ANTECEDENT CAUSES Arteriosclerotic Heart Disease</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH 4200
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 4/7, 1950 , to 4/11, 1950 , that I last saw the deceased alive on 4/11, 1950 , and that death occurred at 5:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Richard P. Lehner (Degree or title) Richard P. Lehner, M.D.				23b. ADDRESS 1103 Grand Kansas City, Mo		23c. DATE SIGNED 4/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/11/50	24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Baldwin Kansas		
DATE REC'D BY LOCAL REG. 4-14-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eads Bros Funeral Home K.C. Ks.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Max L. Miller.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4720.....

P. O. Address K.C. 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.