

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17132**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **262**

495

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission.)	
a. COUNTY <b>Jasper</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>	c. LENGTH OF STAY (in this place) <b>10dys</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b> <b>0495</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>401 N. Roane</b> <b>0</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>ARLEY</b>	a. (First)	b. (Middle) <b>L.</b>	c. (Last) <b>HOSMAN</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 24, 1950</b>
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<b>5. SEX</b> <b>Male</b> <b>0</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>November 15, 1875</b>	<b>9. AGE</b> (In years last birthday) <b>74</b> <b>6</b> <b>8</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>School Superintendent</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Schools</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Warrensburg, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>unknown</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Almeda Hosman.</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. A. L. Hosman</b>	<b>ADDRESS</b> <b>Webb City, Mo.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary infarction</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b> <b>10 yrs?</b> <b>—?</b> <b>743X</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Hypertensive heart disease</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>DUE TO (c) Hypertension</b>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** May 13, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>Edgar M. D. O.</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>308 Frisco Building Joplin, Missouri</b>	<b>23c. DATE SIGNED</b> <b>5-25-50</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>5-26-50</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Webb City, Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Webb City, Mo</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5-29-50</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Edgar M. D. O.</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Hedge Lewis</i>	<b>ADDRESS</b> <b>Webb City, Missouri</b>
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RECEIVED 6-9-50  
Jasper County Health Office

County File Number 50-6-446

Date Filed 6-9-50

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 Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.