

FILED JUN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19328  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5105 Registrar's No. 21

|   |                               |  |   |   |  |
|---|-------------------------------|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Benton</u>  |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Benton</u> |   |  |
| b. CITY OR TOWN <u>Edwards Union</u>  |                               | c. LENGTH OF STAY (in this place) <u>Life</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edwards</u> <u>0080</u> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                               |  | d. STREET ADDRESS (If rural, give location) <u>0</u>  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>NANCY</u> b. (Middle) <u>Josephine</u> c. (Last) <u>HOCKMAN</u>  |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 14 1950</u>  |   |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>                                  | 8. DATE OF BIRTH <u>Apr. 30, 1865</u>   | 9. AGE (10 years last birthday) <u>85</u>   | IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>Benton Co., Mo</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>   |                               |  |   |   |  |
| 13a. FATHER'S NAME <u>Joseph Blake</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cardwell</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Milton Hockman</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. <u>No</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. W. Hockman Edwards, Mo</u>                              |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |                               |  | MEDICAL CERTIFICATION   |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>  |                               |  | INTERVAL BETWEEN ONSET AND DEATH  |   |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                               |  |   |   |  |
| ANTECEDENT CAUSES   |                               |  |   |   |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |                               |  | DUE TO (b) <u>Arteriosclerotic Heart Disease</u>  |   |  |
|   |                               |  | DUE TO (c) <u>Senility</u>  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS  |                               |  |   |   |  |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>   |                               |  |   |   |  |
| 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) (Min.)  |                               | 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 <u>1 June, 1950</u> , to <u>14 June, 1950</u> , that I last saw the deceased alive on <u>5 June, 1950</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above. |                               |  |   |   |  |
| 23a. SIGNATURE (Degree or title) <u>Alvin A. Glenn M.D.</u>   |                               |  | 23b. ADDRESS <u>Warsaw, Mo.</u>   |   | 23c. DATE SIGNED <u>14 June 50</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>6/16/1950</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel</u>  |  |
| 24d. LOCATION (City, town, or county) (State) <u>Benton Co., Mo</u>   |                               |  |   |   |  |
| DATE REC'D BY LOCAL REG. <u>June 16 1950</u>  |                               | REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gluckstein Warsaw</u>                                       |  |

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD.

0080

RECEIVED 6-19-50  
District Health Officer No. 7,  
District File Number 5-57-676  
Date Filed 6-19-50

**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 *Jack Miller* \_\_\_\_\_

Licensed Embalmer No. 4643

P. O. Address *Warsaw* \_\_\_\_\_

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.