

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

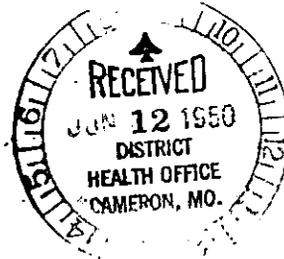
20845
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>312</u>					
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		<u>0582</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>644 Brookfield Ave</u>				d. STREET ADDRESS (If rural, give location) <u>644 Brookfield Ave</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>ELMER</u>			c. (Last) <u>HOSKINS</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>June - 5 - 1950</u>			5. SEX <u>M</u>			6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Apr - 2 - 1874</u>			9. AGE (In years last birthday) <u>76</u>			IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sullivan Co Mo</u>			11. BIRTHPLACE (State or foreign country) <u>Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>Sidney Hoskins</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Morris</u>			14. NAME OF HUSBAND OR WIFE <u>John Hoskins</u>					
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>Beryl Hoskins</u>			ADDRESS <u>Brookfield Mo.</u>		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Rheumatic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Fever</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>8 mo.</u> <u>415X</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) _____ 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 <u>Oct 24, 1949</u> , to <u>June 5, 1950</u> , that I last saw the deceased alive on <u>June 4, 1950</u> , and that death occurred at <u>9:28 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W. H. Potter</u>				(Degree or title) _____				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>6-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pine Cemetery</u>		24d. LOCATION (City, town, or county) _____ (State) _____					
DATE REC'D BY LOCAL REG. <u>6-8-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Erwin</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Funeral Home</u>			ADDRESS <u>Brookfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0582



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 *J. R. Blacklock*

Licensed Embalmer No. *2,246*

P. O. Address *Brookfield 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.