

No. 100
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24040**

FILED AUG 9 1950

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **272**

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL 0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEVERING Hospital		d. STREET ADDRESS (If rural, give location) 605 WILSON AVE	

3. NAME OF DECEASED (Type or Print) a. (First) DARREL b. (Middle) WAYNE c. (Last) HOSKINS			4. DATE OF DEATH (Month) (Day) (Year) JULY 26 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH OCT 16 1948	9. AGE (In years last birthday) 1 9 10	10. HOURS 10 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HANNIBAL, MO.	
13a. FATHER'S NAME Chas Hoskins			13b. MOTHER'S MAIDEN NAME Mary Catherine Moss		14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr Chas Hoskins Hannibal 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to head		INTERVAL BETWEEN ONSET AND DEATH few minutes 58124 25
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. 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 119	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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion MO
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21d. TIME OF INJURY July 26 5:18 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck Backed over head
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22. I hereby certify that I attended the deceased from **July 26, 1950**, to **July 26, 1950**, that I last saw the deceased alive on **July 26, 1950**, and that death occurred at **11:25 am**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED Reg-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 28 50	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	24d. LOCATION (City, town, or county) (State) Hannibal Mo
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DATE REC'D BY LOCAL REG. 8-2-50	REGISTRAR'S SIGNATURE Dr E. M. Lucke	FUNERAL DIRECTOR'S SIGNATURE James O'Donnell	ADDRESS Hannibal Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1644

RECEIVED AUG 4 1950
MARION CO. HEALTH DEPT.
DATE FILED AUG 8 1950

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.

Signed.....
Student Embalmer

Signed..... *M. J. Dannel*

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.