

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0130
State File No. 26172A

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5149 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gomer Twp - Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gomer Twp - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) Rural 1/2 S.E. of Hamlet	
3. NAME OF DECEASED a. (First) Gene b. (Middle) LeRoy c. (Last) Hosman		4. DATE OF DEATH (Month) (Day) (Year) Aug 26 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH May 16, 1936
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 14 Months 3 Days 10 Hours - Min.
11a. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clyde Oran Hosman		13b. MOTHER'S MAIDEN NAME Hattie Appelman	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Clyde O. Hosman	
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) Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 9 yrs	
22. 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)	
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 Aug 25, 1950, to Aug 26, 1950, that I last saw the deceased alive on Aug 26, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.			
23a. SIGNATURE X. Ester D.O.		23b. ADDRESS Hamilton, Mo.	
23c. DATE SIGNED Aug 26 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug 28 1950		24c. NAME OF CEMETERY OR CREMATORY Highland	
24d. LOCATION (City, town, or county) (State) Hamilton Mo		24e. DATE REC'D BY LOCAL REG. 8-29-50	
REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		EMERALD DIRECTOR'S SIGNATURE	
ADDRESS Home		ADDRESS Hamilton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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



APR 12 1961

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

W. J. Brown

Licensed Embalmer No.

3052

P. O. Address

Hamilton, 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.