

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30746**  
Registrar's No. **378**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

484  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>2 1/2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>11800 Independence Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edsel</b> b. (Middle) <b>Milton</b> c. (Last) <b>Hoskins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 19, 1950</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	
8. DATE OF BIRTH <b>June 15, 1926</b>		9. AGE (In years last birthday) <b>24</b>		10. IF UNDER 1 YEAR Months <b>24</b> IF UNDER 1 YEAR Days <b></b> IF UNDER 1 HR. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trim Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Motors</b>		11. BIRTHPLACE (State or foreign country) <b>Independence, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>R. B. Hoskins</b>		13b. MOTHER'S MAIDEN NAME <b>Pearl E. Kaylor</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>492-26-5442</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl E. Hoskins, Independence, Mo.</b>		18. ADDRESS <b></b>		19. <b></b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull fracture mastoid area also</b>		INTERVAL BETWEEN ONSET AND DEATH <b>also</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Occipital Large Contusion</b>		DUE TO (c) <b>Occipital Large Subdural</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Hemorrhage</b>		<b>4823</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>719 Highway Liberty Bell Clay MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-15-50 4:30P. m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ruth H. Carson</b>		(Degree or title) <b></b>		23b. ADDRESS <b>1039 Butler Bldg</b>	
23c. DATE SIGNED <b>9-20-50</b>		24a. BURIAL, CREMATION (Specify) <b>burial</b>		24b. DATE <b>Sept. 21, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mad. Grove Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>Sept. 24, 1950</b>		REGISTRAR'S SIGNATURE <b>R. M. Carson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>G. C. Carson</b>	
				ADDRESS <b>Independence, Mo.</b>	

SEP 6 RECD

FEB 19 1951

AUG 20 1951

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 *Lloyd C. Larson*

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.