

FILED OCT 24 1950

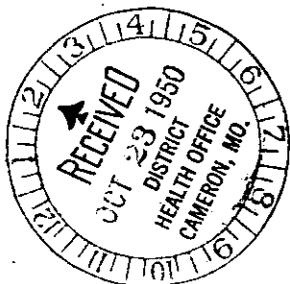
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34257

BIRTH NO. 35205-50		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 209
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville 0742		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1223 East Third		d. STREET ADDRESS (If rural, give location) 1223 East Third		
3. NAME OF DECEASED (Type or Print) a. (First) BETTY		b. (Middle) JANE		c. (Last) HOSTETTER
4. DATE OF DEATH (Month) (Day) (Year) 9 29 50				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 5/8/50	9. AGE (In years last birthday) 4 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Burns Hostetter		13b. MOTHER'S MAIDEN NAME Dolores Stevenson		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Burns Hostetter, Maryville, Mo.
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) Enteritis ANTECEDENT CAUSES DUE TO (b) Marasmus 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 2 wks 4 wks 5 7/10				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operations		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)		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 Sept 29, 1950, to Sept. 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.				
23a. SIGNATURE L. E. Dean (Degree or title) M.D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 10-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE 10/2/50		24c. NAME OF CEMETERY OR CREMATORY Oak Hill
24d. LOCATION (City, town, or county) (State) Maryville, Missouri				
DATE REC'D BY LOCAL REG. 10-21-50		REGISTRAR'S SIGNATURE Lena Holt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not}embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert L. Senter

Licensed Embalmer No. 4787

P. O. Address Marquille, 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.