

No. 300
10. 48

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34457
Registrar's No. 1524

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 4450

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY OR TOWN <u>Doniphan Missouri</u>		c. CITY OR TOWN <u>Ripley Doniphan Township</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Williams Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>MIRANDA ELIZABETH HOSKINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 4 1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>10-20-1899</u>	9. AGE (In years last birthday) <u>50</u>	if UNDER 1 YEAR Months <u>11</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Ripley County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>BENJAMIN FRANKLIN HOSKINSON</u>	13b. MOTHER'S MAIDEN NAME <u>NEWLIE DIXIE SHY</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Hoskinson Doniphan 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respirant Gull Bladder</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-3 1950 to 10-4 1950 that I last saw the deceased alive on 10-4 1950 and that death occurred at 6 a m. from the causes and on the date stated above.

23a. SIGNATURE <u>Clifford Johnson M.D.</u>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED <u>10-4-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-6-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan cent.</u>	24d. LOCATION (City, town, or county) (State) <u>Doniphan Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-30-50</u>	REGISTRAR'S SIGNATURE <u>E. O. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u>	ADDRESS

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

JAN 16 1951

RECEIVED

NOV 13 1950

DISTRICT HEALTH OFFICE No. 6

File No. A.....

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.....

10-4-50

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Les P. Leuchel

Licensed Embalmer No. 3475

P. O. Address Denigshaw, Miss

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.