

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39919**  
Registrar's No. **1419**

**FILED DEC 27 1950**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Washington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington 0110</b>	
c. LENGTH OF STAY (In this place) <b>1 year</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. # 2, St. Joseph, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. # 2, St. Joseph</b>			

3. NAME OF DECEASED (Type or Print) <b>GEORGE W. HOCKADAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 11 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>1-21-1866</b>		9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own shop</b>	11. BIRTHPLACE (State or foreign country) <b>Buchanan Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Thomas Hockaday</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia C. Fields</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Rivers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Beulah Warner, St. Joseph, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia with coma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>XXXXXXXXXX</b> DUE TO (c) <b>XXXXXXXXXX</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>XXXXXXXXXX</b>		<b>490X</b>	

19a. DATE OF OPERATION <b>XXXXXX</b>	19b. MAJOR FINDINGS OF OPERATION <b>XXXXXXXXXX</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>XXXXXX</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>XXXXXX</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>XXXXXX</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>XXXXXX</b>	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>XXXXXX</b>	

22. I hereby certify that I attended the deceased from **May 5, 1950** to **Dec. 11, 1950** that I last saw the deceased alive on **Dec. 10, 1950**, and that death occurred at **2:35P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Quinn W. Stacey MD</b>		23b. ADDRESS <b>Tootle Bldg St. Joseph, Mo.</b>		23c. DATE SIGNED <b>12-14-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-13-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Dec. 20, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Castel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Crupp</b>		ADDRESS <b>St. Joseph, Mo.</b>	

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 embalmed by me, or by

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed

*John E. Nepp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.