

No. 300
10. 48

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 113

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5083 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Mound
c. LENGTH OF STAY (in this place) 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R7D # 3 Butler, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Mound
d. STREET ADDRESS (If rural, give location) R7D # 3 Butler, Mo.

3. NAME OF DECEASED
a. (First) Dora b. (Middle) Louise c. (Last) Hockard

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 13, 1951

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH Jan. 18, 1880

9. AGE (In years last birthday) 70
10. MONTHS 7 11. DAYS 10 12. HOURS 10 13. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Ohio

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Charles Greiss

13b. MOTHER'S MAIDEN NAME
Catherine Hawk

14. NAME OF HUSBAND OR WIFE
Alonzo Hockard

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.
unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Alonzo Hockard - R7D - Butler

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute hepatitis
INTERVAL BETWEEN ONSET AND DEATH 10 days
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 NO

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)
Butler, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept. 1950 to Jan. 12, 1951, that I last saw the deceased alive on Jan. 12, 1951, and that death occurred at 6:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
L. S. Lathrop, M.D.

23b. ADDRESS
Butler, Mo.

23c. DATE SIGNED
1-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Jan. 16, 1951

24c. NAME OF CEMETERY OR CREMATORY
Oakhill Cemetery

24d. LOCATION (City, town, or county) (State)
Butler, Missouri

DATE REC'D BY LOCAL REG.
1-16-51

REGISTRAR'S SIGNATURE
Myra Owens

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Culver - Underwood - Butler, Mo

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

0070

RECORDED 1-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-22-51

MAR 13 1951

REC'D 1-22-51

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.

Student Embalmer No.

Signed Harold D. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, Missouri

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.