No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11456

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
c. LENGTH OF STAY (In this place): 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 W. Union

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia 0041
d. STREET ADDRESS (If rural, give location): 502 W. Union 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Hosman

4. DATE OF DEATH (Month) May (Day) 11 (Year) 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 14, 1899
9. AGE (In years last birthday): 51 — If under 1 year: Months 7, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roodhouse, Ill. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Dallas Monroe Hosman
13b. MOTHER'S MAIDEN NAME: Georgia Dean
14. NAME OF HUSBAND OR WIFE: Velma Pearson Hosman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 494-16-6895
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Velma Pearson Hosman Vandalia 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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: 331 x
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
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* April 30, 1951, *to* May 1, 1951, *that I last saw the deceased alive on* May 1, 1951, *and that death occurred at* 11:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. H. Beard M.D. (Degree or title)
23b. ADDRESS: Vandalia Mo
23c. DATE SIGNED: 5/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4, 1951
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia Missouri

DATE REC'D BY LOCAL REG.: May 5 1951
REGISTRAR'S SIGNATURE: Mallie Fogue
28. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. B. Waters, Vandalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1951

MAY 11 1951

Date Received: MAY 9 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-886
Date Filed: MAY 10 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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Wm. B. Waters

Signed .....
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.