

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11795**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5164** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Fulton Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 0140	
c. LENGTH OF STAY (in this place) 10 Days		d. STREET ADDRESS (If rural, give location) R.F.D.# 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 6 Mi.N.W. Fulton			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Richard	b. (Middle) Lee	c. (Last) Hoxsey	April		12 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1893	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 2 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) welder		10b. KIND OF BUSINESS OR INDUSTRY Welder Int. Harvester		11. BIRTHPLACE (State or foreign country) Burlington, Iowa	
13a. FATHER'S NAME Marion Hoxsey		13b. MOTHER'S MAIDEN NAME Emma Bollman		14. NAME OF HUSBAND OR WIFE Dora Mae	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) D.K. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 327-01-1166		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dora Mae Hoxsey Fulton, Mo R#2	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Heart Failure with cardiac Renal Vasodilation		
	ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS (c) 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 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 **4/4**, 19**57**, to **4/12**, 19**57**, that I last saw the deceased alive on **4/11**, 19**57**, and that death occurred at **9:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George T. Wood		23b. ADDRESS Fulton Mo.		23c. DATE SIGNED 4-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 16, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	
24d. LOCATION (City, town, or county) (State) Davenport, Iowa					

DATE REC'D BY LOCAL REG. April-13-1951		REGISTRAR'S SIGNATURE Martha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home, Fulton, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0140
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FILE NO. _____
DISTRICT HEALTH OFFICE NO. 4

APR 16 1951

RECEIVED

APR 20 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Russell P. Maag

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.