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THE DIVISION OF HEALTH OF MISSOURI

State File No. 22221

No. 300
10. 48

C-2198517 AUG 9 1951 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>334</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY BUTLER		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF		a. STATE MISSOURI		b. COUNTY WAYNE	
c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILL SPRINGS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILL SPRINGS		1110	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VA HOSPITAL				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print)		a. (First) FRANK		b. (Middle) R.		c. (Last) HOTSON	
4. DATE OF DEATH (Month) (Day) (Year) 7-27-51		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 11-19-76		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) CEMENT FINISHER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ROBERT HOTSON		13b. MOTHER'S MAIDEN NAME MARTHA GREEN		14. NAME OF HUSBAND OR WIFE JOSEPHINE (WIFE)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES 6-2-98 1-19-99		16. SOCIAL SECURITY NO. 326109435		17. INFORMANT'S SIGNATURE OR NAME VA RECORDS ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) LOBAR PNEUMONIA		<i>M.V.M.</i>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS					
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 ^{VA} I attended the deceased from JULY 26 , 1951, to JULY 27 , 1951, and that death occurred at 8:00 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>M. V. Malinoski</i>				23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		23c. DATE SIGNED 7-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE UNKNOWN		24c. NAME OF CEMETERY OR CREMATORY GRANITE CITY CEMETERY		24d. LOCATION (City, town, or county) (State) GRANITE CITY, ILL.	
DATE REC'D BY LOCAL REG. 7-30-51		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Norman W. Gish</i>		ADDRESS Piedmont Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

AUG 8 1951

BUTLER CO. HEALTH CENTER

FILE No. 851-352

AUG 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address. Piedmont, N.C.

[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.