

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27341**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>5570</b>		Registrar's No. <b>303</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <b>0480</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>"Rural" Fort Osage</b>		c. LENGTH OF STAY (in this place) <b>26 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" 0480 Fort Osage</b>		d. STREET ADDRESS (If rural, give location) <b>Res. 10 Mi. E. of Indep.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Res. 10 Mi. E. of Indep</b>				d. STREET ADDRESS (If rural, give location) <b>Res. 10 Mi. E. of Indep.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOSEPH</b>		b. (Middle) <b>KLNER</b>		c. (Last) <b>HOSTETTER</b>	
4. DATE OF DEATH		(Month) <b>Aug.</b>		(Day) <b>16</b>		(Year) <b>1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 20, 1879</b>	
9. AGE (In years last birthday)		<b>71</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 1 HR. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Sibley, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>George Hostetter</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Vaughn</b>			14. NAME OF HUSBAND OR WIFE <b>Lela Hostetter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give whole dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Lela Hostetter - above</b>			
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>years</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis</b>				Sudden Death			
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 <b>4201</b>				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) <b>3 5</b>		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 <b>Mar. 5, 1951</b> , to <b>Aug. 16, 1951</b> , that I last saw the deceased alive on <b>Aug. 16, 1951</b> , and that death occurred at <b>1:20 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Phoebe Grabake M.D.</b>				23b. ADDRESS <b>Independence Mo</b>		23c. DATE SIGNED <b>8/17/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 18, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem</b>		24d. LOCATION (City, town, or county) (State) <b>5mi. East of Indep on 24 hwy</b>	
DATE REC'D BY LOCAL REG. <b>Aug. 18-1951</b>		REGISTRAR'S SIGNATURE <b>Alexander</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Mitchell Indep, Mo.</b>			

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

AUG 30 RECD

DEC 3 1930

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Henry A. Mitchell*

Licensed Embalmer No. 3925

P. O. Address Indep, 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.