

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4248**

FILED FEB 20 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5220** Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Coldwater Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coldwater Twp	
c. LENGTH OF STAY (If in this place) Life.		d. STREET ADDRESS (If rural, give location) 7 Miles N/E Drexel, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Not in Hosp. At farm home.			

3. NAME OF DECEASED (Type or Print) a. (First) ELLA	b. (Middle) FARR	c. (Last) HOCKER	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 7, 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 3 Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home, Retired,	10b. KIND OF BUSINESS OR INDUSTRY Household duties.	11. BIRTHPLACE (State or foreign country) Cass County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fleming L. Holloway	13b. MOTHER'S MAIDEN NAME Mary J. Cooper.	14. NAME OF HUSBAND OR WIFE James Hocker.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None.	17. INFORMANT'S SIGNATURE OR NAME Ray F. Hocker.	ADDRESS Lisle, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Penitency 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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 7, 1950**, to **Feb. 10, 1952**, that I last saw the deceased alive on **Feb. 6, 1952**, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Paul W. Sturtil (Degree or title) M.D.	23b. ADDRESS Drexel, Missouri.	23c. DATE SIGNED 2/10/52.
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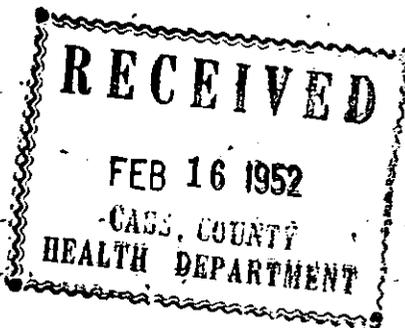
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/12/52.	24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	24d. LOCATION (City, town, or county) (State) Drexel, Mo.
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DATE REC'D BY LOCAL REG. 2/15/1952	REGISTRAR'S SIGNATURE Nora Barnard 457-C	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Drexel, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0190
1

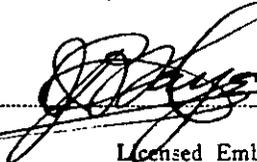


STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, personally.

working ~~XXXXXXXXXXXXXXXXXXXX~~

Student ~~XXXXXXXXXXXXXXXXXXXX~~
Student Embalmer

Signed  J.B. Hays
Licensed Embalmer No. 1950

P. O. Address Drexel, 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.