No. 300
10.48

FILED JAN 19 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1062

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 48

**1. PLACE OF DEATH**
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COLONIAL HOTEL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: INDIANA
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COLUMBUS
d. STREET ADDRESS (If rural, give location): Unknown

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOHN
b. (Middle): FRED
c. (Last): HOSEA

**4. DATE OF DEATH** (Month) (Day) (Year): JAN. 15, 1953

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: SEPT. 23 1906
**9. AGE** (In years last birthday): 46
If under 1 year: Months | Days
If under 1 day: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): SALESMAN
**10b. KIND OF BUSINESS OR INDUSTRY**: ELECTRIC SUPPLY WHOLESALE
**11. BIRTHPLACE** (City and State or Foreign Country): INDIANAPOLIS, INDIANA
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: JOHN L. HOSEA
**13b. MOTHER'S MAIDEN NAME**: CAROLINE TORMOCH
**14. NAME OF HUSBAND OR WIFE**: RUTH HOSEA

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME**: HATHAWAY & SONE FUNERAL HOME
ADDRESS: COLUMBUS, IND.

**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) Acute Myocardial Infarction — 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) Coronary occlusion
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Left Lower Lobe Pneumonia

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**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* Jan 15, 1953, *to* Jan 15, 1953, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 4 P.M. *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Harold H. Lurie (Degree or title): M.D.
**23b. ADDRESS**: Medical Art. Bldg. Springfield, Mo.
**23c. DATE SIGNED**: 1-15-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 1/16/53
**24c. NAME OF CEMETERY OR CREMATORY**: ——
**24d. LOCATION** (City, town, or county) (State): COLUMBUS, IND.

**DATE REC'D BY LOCAL REG.**: 1-15-53
**REGISTRAR'S SIGNATURE**: Faith Williamson Deputy Registrar
**25. FUNERAL DIRECTOR'S SIGNATURE**: H.H. LOHMEYER
ADDRESS: SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

VS FEB 2 1960

JAN 27 1953

## 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 Leo Lohmeyer

Licensed Embalmer No. 4734

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.