

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10901

State File No. ....

No. 300  
10-4-53  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 75

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Shelby</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stawford</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> | c. LENGTH OF STAY (in this place) <u>8 Days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puka</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Helphs P. Mem. Hosp</u>                        |   | d. STREET ADDRESS (If rural, give location)  |  |

|                                     |                            |                       |                       |   |
|-------------------------------------|----------------------------|-----------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHANNAH</u> | b. (Middle) <u>W.</u> | c. (Last) <u>Hoss</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 7 - 1953</u> |
|-------------------------------------|----------------------------|-----------------------|-----------------------|---|

|                      |                               |   |   |   |  |   |
|----------------------|-------------------------------|---|---|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>Sept. 16 - 1883</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|---|---|--|---|

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|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>House</u> | 11. BIRTHPLACE (State or foreign country) <u>Frankfurt Germany</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|--|

|                                      |  |   |
|--------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Wm. Kinsey</u> | 13b. MOTHER'S MAIDEN NAME <u>AMELIA FINSEY</u> | 14. NAME OF HUSBAND OR WIFE <u>JAMES PRESLEY HOSS</u> |
|--------------------------------------|--|---|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u></u> ADDRESS <u></u> |
|--|-------------------------------------|---|

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|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH <u>10 MINUTES</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u>   |  | 7 DAYS?  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>PULMONARY THROMBOSIS</u><br>DUE TO (c) <u>Post - SURGICAL</u> |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>584X</u>   |  |  |  |

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|---|--|--|
| 19a. DATE OF OPERATION <u>MAR 31 1953</u> | 19b. MAJOR FINDINGS OF OPERATION <u>INCISIONAL HERNIA CHOLECYSTITIS WITH GALLBLADDER PHLEBITIS - ABSCESS - TRACT AND</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|  |  |   |
|--|--|---|
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u></u>             | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>       | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u></u>                      |

22. I hereby certify that I attended the deceased from Nov, 1952, to APRIL 7, 1953, that I last saw the deceased alive on APRIL 7, 1953, and that death occurred at 9:55 AM., from the causes and on the date stated above.

|  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Richard T. Walden MD</u> | 23b. ADDRESS <u>Douglas, Missouri</u> | 23c. DATE SIGNED <u>April 8 1953</u> |
|--|---------------------------------------|--------------------------------------|

|   |                           |   |   |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-9-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Puka Mo.</u> |
|---|---------------------------|---|---|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>Apr. 9, 1953</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shambaugh</u> ADDRESS <u>Puka Mo.</u> |
|--|--|---|

County Health Officer,  
County File Number  
Date Filed 4-13-53

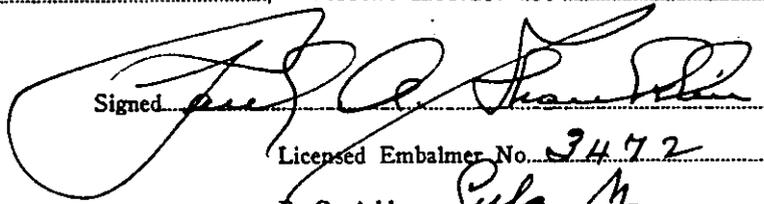
APR 14 1953

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 3472

P. O. Address Tulsa, 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.