

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>73</u>	PRIMARY REG. DIST. NO. <u>5291</u>	Registrar's No. <u>76</u>
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LIBERTY</u>		c. CITY OR TOWN <u>RURAL LIBERTY TOWNSHIP</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1000</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>RT 2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLAY COUNTY Home</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>IRA</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>HOTT</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 18, 1881</u>	9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hempshire Co. W. VA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>BENJAMIN HOTT</u>		13b. MOTHER'S MAIDEN NAME <u>UNK</u>	14. NAME OF HUSBAND OR WIFE <u>HAYNES Rickie HOTT</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 ADDRESS <u>TRUMAN G. HOTT NewCambridge</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussions</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Had Cerebral Haemorrhage some time months ago</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>337x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 I attended the deceased from <u>May, 1953</u> , to <u>1953</u> , that I last saw the deceased alive on <u>July 3, 1953</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Wm. Goddson M.D.</u>		23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>7/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel MG</u>	24d. LOCATION (City, town, or county) (State) <u>CLAY Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 4-1953</u>	REGISTRAR'S SIGNATURE <u>Nabel Strohman 491</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcombs N.K.C. Mo.</u>		

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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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. 483 working under my personal supervision..

Student John H. Kalsbeek
Signature of Student Embalmer

Signed Glen H. Hill

Licensed Embalmer No. 4580

P. O. Address R.C. 16. Pa.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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