

## STANDARD CERTIFICATE OF DEATH

State File No. 265

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 265

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Cole</u>		a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0260</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <u>T, J. (Jeff)</u>			b. (Middle) <u>Hoskins</u>					
c. (Last) <u>Hoskins</u>			d. DATE OF DEATH <u>Sept - 17-53</u>					
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 22-1862</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>25</u>	IF UNDER 24 HRS. Hours <u>25</u>	IF UNDER 24 HRS. Min. <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		

13a. FATHER'S NAME <u>Thomas Hoskins</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Ann Ambrose Hoskins</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>Mrs Nel Scruggs - Henley, Mo</u>		ADDRESS <u>Henley, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</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) m.		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 August 10, 1953 to Sept 17, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 5:05 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Dean Daylor</u>		(Degree or title) <u>M.D. - Jefferson City</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>9-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Victoria Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 21-53</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis M.D. - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Schubert</u>		ADDRESS <u>Wassonville, Mo</u>	

68-0 (Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1954

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 *Hugo H. Schubert*

Licensed Embalmer No. *2820*

P. O. Address *Russellville*

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.