

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34924

State File No.

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 82

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| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Atchison | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro | 0030 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Margaret c. (Last) Hostetler | 4. DATE OF DEATH (Month) (Day) (Year) June-12th-1953 |
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|----------------------|----------------------------|---|-------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX Female | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 27-1880 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY Gen House work | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY U.S. |
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| 13a. FATHER'S NAME Richard Miller | 13b. MOTHER'S MAIDEN NAME Fannie McGowan | 14. NAME OF HUSBAND OR WIFE Chas Hostetler |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME maud Colwell ADDRESS Westboro, Mo |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced arteriosclerotic hypertension DUE TO (c) Arterio-vascular disease | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 12/3/49, 1949, to 6/12/53, 1953, that I last saw the deceased alive on 6/12/53, 1953, and that death occurred at 7:45 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Dr. G. W. Midermeyer, M.D. | 23b. ADDRESS Westboro, Mo. | 23c. DATE SIGNED 10/16/53 |
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| 24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial | 24b. DATE June-15-53 | 24c. NAME OF CEMETERY OR CREMATORY Center Grove | 24d. LOCATION (City, town, or county) (State) Westboro, Missouri |
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| DATE REC'D BY LOCAL REG. Oct 20, 1953 | REGISTRAR'S SIGNATURE Marvin J. Schaefer | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Westboro, Mo. |
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WRITE PLAINLY—USING UNFADING 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, Scott Tucker

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.