

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>700</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sibley</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>RR 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>G</u>	c. (Last) <u>Hostetter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 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>Apr. 27, 1900</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	-----------------------------------------	------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sibley, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
-----------------------------------------------------------------------------------------------------------	--------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <u>Geo. W. Hostetter</u>	13b. MOTHER'S MAIDEN NAME <u>Frances J. McFarland</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Hostetter</u>
---------------------------------------------	-------------------------------------------------------	----------------------------------------------------

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

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Occlusion embolitic</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) starting with left leg below the knee.</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION. <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Sept 28, 1953, to Oct 4 - 1953 that I last saw the deceased alive on Oct 3, 1953 and that death occurred at 5:15 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Allen M.D.</u> (Degree or title)	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>Oct 5/53</u>
---------------------------------------------------------	---------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/6/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buckner, Mo.</u>
---------------------------------------------------------	--------------------------	------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Oct 6 - 53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Larson</u>	ADDRESS <u>Independence, Mo.</u>
--------------------------------------------	------------------------------------------	-----------------------------------------------------	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 23 1955

FEB 15 1962

**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 \_\_\_\_\_

Licensed Embalmer No. 4901

P. O. Address Ind. Mo

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

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