

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

41798

FILED DEC 8 1953

BIRTH NO.		REG. DIST. NO. 3251		PRIMARY REG. DIST. NO. 4478		Registrar's No. 31	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lancaster</u>		0980 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>CORWIN</u>		c. (Last) <u>HOCKETT</u>	
4. DATE OF DEATH		(Month) <u>NOV.</u>		(Day) <u>28</u>		(Year) <u>1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 25, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Stephen D Hockett</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Hockett</u>		14. NAME OF HUSBAND OR WIFE <u>Delpha May Hockett</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>487-30-0252</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Delpha May Hockett Lancaster 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CEREBRAL THROMBOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>  <u>Unknown</u>  <u>5 YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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) (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>Nov. 28</u> , 1953, to <u>Nov. 28</u> , 1953, that I last saw the deceased alive on <u>Nov. 28</u> , 1953, and that death occurred at <u>7 P-</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.R. Stokes, 2nd</u>				23b. ADDRESS <u>Lancaster, Missouri</u>		23c. DATE SIGNED <u>Nov. 30, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bene Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster, Mo</u>	
DATE REC'D BY LOCAL REG <u>Nov 30/53</u>		REGISTRAR'S SIGNATURE <u>Wm. R. Stokes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. R. Stokes</u>		ADDRESS <u>Lancaster Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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. ....

Signed

*Lucretia B. Heath*

Signed.....

Student Embalmer

Licensed Embalmer No. *4038*

P. O. Address *Lancaster, 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.