

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42409

Dr. Ossman

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>349</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cole</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Jefferson City</u>)		c. STATE <u>Missouri</u>		d. COUNTY <u>Cole</u>	
c. LENGTH OF STAY (in this place) <u>37yrs</u>		c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>907 Fairmount Blvd</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Hattie</u>		b. (Middle) <u>Relle</u>		c. (Last) <u>Jose</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>July-19-1877</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 24 HRS. Days <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Houswife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linh, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jarrett Huddleston</u>		13b. MOTHER'S MAIDEN NAME <u>Net-Know Mollie Zevely</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. J. E. Jose</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>Everett Jose, Hartsburg, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrosis of Liver</u>		ANTECEDENT CAUSES <u>Diabetes Mellitus</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Gall Bladder Disease</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>				20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>acc</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 3</u> , 19 <u>53</u> , to <u>Nov. 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov. 15</u> , 19 <u>53</u> , and that death occurred at <u>1:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Ossman MD</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>Nov 16, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 16-1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. J. Jordan</u>		ADDRESS <u>Jefferson City, 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 Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1286*
P. O. Address *Jeff City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.