

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4622**

BIRTH NO. **FILED FEB 17 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5476** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spickard Route 1 Lincoln Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD 1 Spickard Mo Lincoln Twp.		d. STREET ADDRESS (If rural, give location) 2001 Chicago St.	

3. NAME OF DECEASED (Type or Print) a. (First) Rilla b. (Middle) Lenora c. (Last) Hochstetler			4. DATE OF DEATH (Month) (Day) (Year) Feb 11 1954		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	
8. DATE OF BIRTH Aug 15 1868		9. AGE (In years last birthday) 85 5 26 5 26		10. KIND OF BUSINESS OR INDUSTRY Home maker.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker.		11. BIRTHPLACE (City and State or Foreign Country) Arthur Illinois		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME John Ray		13b. MOTHER'S MAIDEN NAME Jane Wilson		14. NAME OF HUSBAND OR WIFE William Hochstetler (dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Goldie Proctor	
				ADDRESS R.R. 1 Spickard, Mo	

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) Bronchitis - pneumonia		2 weeks			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 Jan 30th, 1954, to Feb 11th, 1954, that I last saw the deceased alive on Feb 9th, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duffy M.D.		23b. ADDRESS Trenton Mo.		DATE SIGNED Feb 13 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 14 1954		24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery	
				24d. LOCATION (City, town, or county) (State) Spickard Route 1 Mo.	

DATE REC'D BY LOCAL REG. 2-13-54		REGISTRAR'S SIGNATURE Jene Jain 115		25. FUNERAL DIRECTOR'S SIGNATURE DAVIS-BLACKMORE	
				ADDRESS Trenton, Mo.	

No. 300
10.48

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

Dr. Oliver Duffy.

(Licensed Embalmer's Statement on Reverse Side)

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 *Gordon Blackmon*

Licensed Embalmer No. 4602

P. O. Address Trenton, N.J.

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.