

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

11609

State File No.

FILED MAY 3 1954

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5364</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Liberty Township</u>)		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Rural Liberty Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile West Gallatin, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>1 Mile West Gallatin, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Myrtle</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>Hockensmith</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18 1954</u>	
8. DATE OF BIRTH <u>June 12 1881</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James M. Royston</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Hockensmith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed. Hockensmith, Gallatin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia poisoning,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture of hip, left arm, secondary</u> DUE TO (c) <u>panemia, diabetes mellitus, decaying ulcer</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arthritis of back.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Surgery on hip fracture</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 <u>May 1950</u> , to <u>April 18, 1954</u> , that I last saw the deceased alive on <u>April 18, 1954</u> and that death occurred at <u>6:05A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. H. R. Bailey</u> (Degree or title)				23b. ADDRESS <u>Gallatin Mo</u>		23c. DATE SIGNED <u>4-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-30-54</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Englebert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Ruckelshaus</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0310

0312

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 *L. O. Richerson*

Licensed Embalmer No. *3507*

P. O. Address *Gallatin*

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.