

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15933

2139

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2139</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Nauvoo City</u>		c. LENGTH OF STAY (in days) <u>47</u>		c. CITY OR TOWN <u>Sibley</u>		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>Cassasch Hosp</u>				* STREET ADDRESS (If rural, give location) <u>Rt 1 2000</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Hostetter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 10 54</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 21 1890</u>		9. AGE (In years last birthday) <u>64</u>	IF OVER 1 YEAR 1 YEAR 1 DAY	IF UNDER 1 HR. 1 HOUR 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Orchardist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State, Foreign Country) <u>Jackson County 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>Fannie McFarland</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Nolia Hostetter</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>500-22-6909</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nolia Hostetter Sibley 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Coronary</u> DUE TO (c) <u>Occlusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> <u>2 yr ago</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) 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 <u>May</u> , 19 <u>52</u> , to <u>5-10</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-9</u> , 19 <u>54</u> , and that death occurred at <u>6A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>James W. Willoughby</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Liberty Mo.</u>		23c. DATE SIGNED <u>5-10-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Six Mile</u>		24d. LOCATION (City, town, or county) (State) <u>Six Mile Church E. of Ind.</u>			
DATE REC'D BY LOCAL REG. <u>5-12-54</u>		REGISTRAR'S SIGNATURE <u>Genevieve Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ott & Mitchell Indep. Mo.</u>				

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

DEC 31 1956

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Henry G. Mitchell.....

Licensed Embalmer No. 392

P. O. Address Indep. W.

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.