

No. 306
10. 48

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16359

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 10DA	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 401 NORTH ROANE	

3. NAME OF DECEASED (Type or Print)	a. (First) ALMEDA	b. (Middle) TOLD	c. (Last) HOSMAN	4. DATE OF DEATH (Month) (Day) (Year) JUNE 8 1954
-------------------------------------	-------------------	------------------	------------------	---

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DECEMBER 3, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 5	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	-----------------------------------	------------------------------------	---------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC	10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	11. BIRTHPLACE (State or foreign country) FT SCOTT, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	-------------------------------------

13a. FATHER'S NAME J. DAVENPORT OWENS	13b. MOTHER'S MAIDEN NAME MARY ANN RICE	14. NAME OF HUSBAND OR WIFE A. L. HOSMAN (DECEASED)
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. 510-12-5472	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARVILLA JENKINS WEBB CITY, MO
--	-------------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		
	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 442X	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) 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 9-21-1953, to 6-8-1954, that I last saw the deceased alive on 6-7-1954, and that death occurred at 1:22A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Amber Jackson MD</i>	23b. ADDRESS Webb City, Mo	23c. DATE SIGNED 6/8/54
--	----------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL BURIAL	24b. DATE 6-10-1954	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MO
--	---------------------	--	---

DATE REC'D BY LOCAL REG. 6-10-54	REGISTRAR'S SIGNATURE <i>Ed S. Jasper</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME, WEBB CITY, MO
----------------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 14 1954
Jasper County Health Office
County File Number 54-6-454
Date Filed JUN 14 1954

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 Richard Gray Lewis

Licensed Embalmer No. 4485

P. O. Address Webb 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 this body is not embalmed, fact should be so stated above.