

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33081

State File No.

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1167

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) All Life		d. STREET ADDRESS (If rural, give location) 1804 Faraon St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Goforth Nursing Home 1804 Faraon St.			

3. NAME OF DECEASED (Type or Print)	a. (First) LOUISA	b. (Middle) M.	c. (Last) HOSKINS	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 23, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own Home	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME W. G. Murry	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Wm. B. Hoskins (deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 488-14-9612D	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Goforth	ADDRESS St. Joseph Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis unknown DUE TO (c) (Senility) 4-201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Woman died suddenly			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION at a nursing home without a history of recent serious illness	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **On 11/6, 1954**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:15P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Meedy (Coroner) M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 11/6/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Maryville	24d. LOCATION (City, town, or county) (State) Maryville Missouri
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DATE REC'D BY LOCAL REG. Nov. 10, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Stammy Turner	ADDRESS St. Joseph, Mo
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.