

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

44364

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u> OR TOWN <u>BERNIE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u> OR TOWN <u>BERNIE</u> Rural <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 1 BERNIE</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1 BERNIE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>TONEY</u> b. (Middle) <u>—</u> c. (Last) <u>Hosenfeld</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>July 12, 1887</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leopold, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Hosenfeld</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Hosenfeld</u> ADDRESS <u>Rt 1 Bernie, Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		DUE TO (c) <u>chronic glomerulo-nephritis</u>	
11. 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 <u>592X</u>	
19a. DATE OF OPERATION		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</u> , 1952, to <u>Dec 30</u> , 1954 that I last saw the deceased alive on <u>Dec 25</u> , 1954, and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>2-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-8-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> P. 409-	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>W H Morgan Advance, Mo.</u>	

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

1030

(Licensed Embalmers' 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 W^m H Morgan

Licensed Embalmer No. 4640

P. O. Address Advocate, 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.