FILED FEB 14 1955

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 238

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY Buchanan. 0117
b. CITY OR TOWN St. Joseph
c. LENGTH OF STAY (In this place) 11 yrs. 3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No. 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mercer.
c. CITY OR TOWN Trenton.
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 0402

3. NAME OF DECEASED (Type or Print)
a. (First) Richard
b. (Middle) —
c. (Last) Hosman.

4. DATE OF DEATH (Month) (Day) (Year) 2 - 1 - 1955.

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single. 0
8. DATE OF BIRTH 12-12-1897.
9. AGE (In years last birthday) 57. IF UNDER 1 YEAR: Months 1 Days 19. IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and State or Foreign Country) Hickory, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Zyda Hosman
13b. MOTHER'S MAIDEN NAME Ida Curtis.
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Emil Hosman, ADDRESS Trenton, Missouri R.F.D. 4,

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis. — INTERVAL BETWEEN ONSET AND DEATH: present on admission

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilis
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 023 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9-, 1947, *to* 2-1-, 1955, *that I last saw the deceased alive on* 2-1-, 1955, *and that death occurred at* 12:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. H. Morroway (Degree or title) M.D.
23b. ADDRESS State Hospital No. 2, St Joseph, Mo.
23c. DATE SIGNED 2-1-1955.

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 2/2/55.
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Trenton (State) Mo.

DATE REC'D BY LOCAL REG. Feb. 9, 1955
REGISTRAR'S SIGNATURE Kathen M. Allison 485 0
25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman ADDRESS St Joseph Mo.

(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 emba

by me, ~~[illegible]~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 4535.

P. O. Address 3195 10th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.