

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21456

|  |  |  |  |   |   |   |   |
|--|--|--|--|---|---|---|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>59</u>   |  | PRIMARY REG. DIST. NO. <u>4094</u>  |   | Registrar's No. <u>104</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>                         |   |   |   |
| b. CITY OR TOWN <u>Garden City</u>   |  | c. LENGTH OF STAY (in this place) <u>20 yrs.</u>   |  | c. CITY OR TOWN <u>Garden City</u>  |   | 0190  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  |  |  | d. STREET ADDRESS (If rural, give location) _____   |   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Harvey</u>  |  |  | b. (Middle) <u>David</u>                     |   | c. (Last) <u>Hostetler</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>7 24 1955</u> |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |   | 8. DATE OF BIRTH <u>June 3-1897</u>   |   |
| 9. AGE (In years last birthday) <u>58</u>  |  | 10. MONTHS <u></u>   |  | 10. DAYS <u></u>  |   | 10. HOURS <u></u> 10. MIN. <u></u>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locker Plant Worker</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____      |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Garden City, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                |
| 13a. FATHER'S NAME <u>Joe Hostetler</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Nancy Kropf</u> |   | 14. NAME OF HUSBAND OR WIFE <u>Sylvia Hostetler</u>                             |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>   |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W.W.I. 497-36-6990</u>               |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Sylvia Hostetler - Garden City, Mo.</u>  |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Sudden</u>         |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>ATHEROSCLEROSIS CORONARY YEARS</u><br>DUE TO (c) <u>4201</u>  |  |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>HYPERTENSION MILD</u> |   |   | <u>YEARS</u>  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |   |   | 20. AUTOPSY?<br>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>10/18</u> , 19 <u>50</u> to <u>7/24</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 20, 1955</u> and that death occurred at <u>12:30 AM</u> , from the causes and on the date stated above. |  |  |  |   |   |   |   |
| 23a. SIGNATURE <u>Dr. William Henry M.D.</u> (Degree or title)   |  |  |  | 23b. ADDRESS <u>Kansas City, Mo.</u>  |   | 23c. DATE SIGNED <u>25 July 55</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>July 26, 1955</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Clearfork Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>          |   |
| DATE REC'D BY LOCAL REG. <u>July 26, 1955</u>  |  | REGISTRAR'S SIGNATURE <u>Dora Barman</u> 457-0   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson &amp; Liberty</u> ADDRESS <u>Garden City, Mo.</u>  |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48  
90  
1



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

*Billy J. Hickey*

Licensed Embalmer No. *4685*

P. O. Address

*Gardon City, Miss*

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.