

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19425

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4527 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>McWorth Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grant City Missouri</u>	
c. LENGTH OF STAY (in this place) <u>60-years</u>		d. STREET ADDRESS (If rural, give location) <u>Fourth Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Hotaling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1956</u>		
5. SEX <u>mail</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 11 1866</u>		9. AGE (in years) (last birthday) <u>90</u>		10. MONTHS <u>1</u> DAYS <u>7</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Albany New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Henry Hotaling</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Robbins</u>		14. NAME OF HUSBAND OR WIFE <u>Kate Hotaling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Francis Robertson</u> ADDRESS <u>Grant City</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10yrs</u>
		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. <u>Diabetes mellitus</u>			<u>8yrs</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>		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 19 48, to May 18, 19 56, that I last saw the deceased alive on May 17, 19 56, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Matteson M.D.</u>		23b. ADDRESS <u>Grant City, Missouri</u>		23c. DATE SIGNED <u>5-19-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery Grant City Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>5-19-1956</u>		REGISTRAR'S SIGNATURE <u>Kate E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews Grant City Mo</u>		ADDRESS _____	

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

SEP 14 1958

SEPT 13 1957

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 \_\_\_\_\_

*John Andrews*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant 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.