

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28014

State File No.

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| BIRTH NO. <u>134</u> | | REG. DIST. NO. <u>316</u> | | PRIMARY REG. DIST. NO. <u>3059</u> | | Registrar's No. <u>285</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> | | c. LENGTH OF STAY (In this place) <u>Life</u> | | c. CITY OR TOWN <u>Bonne Terre</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) <u>166 Middle Street</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucille</u> b. (Middle) <u>Hosking</u> c. (Last) <u>Hosking</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10 - 1956</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Sept. 20 - 1893</u> | | |
| 9. AGE (In years last birthday) <u>62</u> | | 10. IF UNDER 1 YEAR Days <u>10</u> | | 11. IF UNDER 1 YEAR Hours <u>26</u> | | 12. IF UNDER 1 HRS. Hours <u></u> Min. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>John Hosking</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rosa Rudy</u> | | | 14. NAME OF HUSBAND OR WIFE <u>not married</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>now</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Harry Hosking</u> ADDRESS <u>Bonne Terre Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anxiety State - Exhaustion</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mental deficiency.</u> | | | | | | |
| | | 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 | | | | | 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) | | 3255 | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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>February 1956</u> , to <u>August, 1956</u> , that I last saw the deceased alive on <u>August 1, 1956</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>James G. Hooton M.D.</u> | | | | 23b. ADDRESS <u>Harrington - Mo.</u> | | 23c. DATE SIGNED <u>8/11/1956</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>Aug. 12 - 56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Co.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Same</u> | | |
| DATE REC'D BY LOCAL REG. <u>Aug. 14, 1956</u> | | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks Funeral Home</u> | | ADDRESS <u>Bonne Terre Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

890

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.....
Signature of Student Embalmer

Signed *Ewert Sparks*.....

Licensed Embalmer No. *42*.....

P. O. Address *Danville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.