

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42369

State File No. ....

FILED DEC 24 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY OR TOWN <u>Charotte to Hosp.</u>		c. CITY OR TOWN <u>Otterville</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Charotte to Bethel Mem Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0271</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gregory</u>	b. (Middle) <u>Kent</u>	c. (Last) <u>Hockaday</u>	4. DATE OF DEATH (Month) <u>DEC</u> (Day) <u>16</u> (Year) <u>56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-15-17</u>	9. AGE (In years last birthday) <u>17</u> Months <u>10</u> Days <u>15</u>	IF UNDER 1 YEAR IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not Occupied</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Not Occupied</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Smithton Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Wm Hockaday</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Beryl Young</u>	14. NAME OF HUSBAND OR WIFE
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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>497-42-9886</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Beryl Hockaday</u>	ADDRESS <u>Otterville</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar Fracture of skull</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <u>On the highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Pettis</u> COUNTY <u>Mo.</u> (STATE)
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21d. TIME OF INJURY (Month) <u>12</u> (Day) <u>15</u> (Year) <u>56</u> (Hour) <u>11:35</u> (PM)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car accident</u> <u>Keule South of Junction of 504 Rts</u>
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22. I hereby certify that I viewed the deceased as Barbar, is that I last saw the deceased alive on 19, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas Gordon Stauffer M.D.</u> (Degree or title)	23b. ADDRESS <u>Converg Pettis Co</u>	23c. DATE SIGNED <u>12-17-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>100F</u>	24d. LOCATION (City, town, or county) (State) <u>Otterville, Cooper Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-18-56</u>	REGISTRAR'S SIGNATURE <u>Lovina Coons Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A.F. Neumeier</u> ADDRESS <u>Smithton Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *U. F. Neumann*

Licensed Embalmer No. *3912*

P. O. Address *Smithton*

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.