

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9231

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY OR TOWN <u>Sibley</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 days</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Jackson Co</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lex. Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Noah</u> c. (Last) <u>Hostetter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1957</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>Oct. 11, 1894</u>
9. AGE (In years last birthday) <u>62</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>IRA County Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Geo. Hostetter</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>Clevie Hostetter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>W.W. #1</u>	16. SOCIAL SECURITY NO. <u>491-36-0014</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clevie Hostetter</u>	ADDRESS <u>Sibley, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute anterior wall myocardial infarct. 2nd attack.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute anterior wall myocardial infarct, 1st attack 3/4/57</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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>H 201</u>
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 Mar. 4, 1957, to Mar. 22, 1957, that I last saw the deceased alive on Mar. 22, 1957, and that death occurred at 7:55 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ben W. Brasher M.D.</u>	23b. ADDRESS <u>Lexington, Mo.</u>	23c. DATE SIGNED <u>3/22/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/22/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Independence</u>	24d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-26-57</u>	REGISTRAR'S SIGNATURE <u>William E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Casper & Sons Indep. Mo.</u>	

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

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APR

4 1957

APR 8 1957

MAY 1 1957
MAY 15 1957
MAR 19 1958

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.....
Walter E. Stadel

Licensed Embalmer No. 4609

P. O. Address *Wulfs M...*

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.