

FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15959

STATE FILE NUMBER

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 87

Health,
& Welfare
Public
ServiceS. 300
1-56All
diseases
will be listed. All
causes
due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>WETZON</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY <i>GREENE</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Springfield</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>NEVADA STATE HOSP</i>		Length of stay in 1b <i>21-3-27</i>	d. STREET ADDRESS <i>2316 Howard</i>
3. NAME OF DECEASED (Type or print) <i>Yetta</i>		First <i>Yetta</i> Middle Last <i>Hockett</i>	4. DATE OF DEATH <i>5-4-1957</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-18-1890</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>	9. AGE (In years last birthday) <i>66</i>
13. FATHER'S NAME <i>William</i>		11. BIRTHPLACE (City and state or country) <i>NEW YORK</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>None</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Adm. Pa. PETS.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Vessel Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>yes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerotic Sclerosis</i>			<i>yes</i>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Post encephalitis 4201</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>1-7-1936</i> to <i>5-4-57</i> and last saw her ^{alive} on <i>5-3-57</i> Death occurred at <i>8</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William H. Hockett, MD.</i>		(Degree or title)	22b. ADDRESS <i>Nevada Mo</i>
22c. DATE SIGNED <i>5-4-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5-4-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Eastland Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Springfield - Mo</i>
24. FUNERAL DIRECTOR <i>Thine & Son</i>	ADDRESS <i>Springfield, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>5-7-1957</i>	26. REGISTRAR'S SIGNATURE <i>Anna E. Farley</i>

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the same manner required by 172.150 RSMo. Sec. 172.150

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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 *Lloyd C. McLeod*.....

Licensed Embalmer No. *485*.....

P. O. Address *Navala, 7*.....

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.