

Health, Welfare, Public Service

300 -56

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner must be causally related. Coroner must be causally related. Coroner must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1957

STATE REGISTRATION NO. 22227  
4450 2381

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 2381

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>			2. USUAL RESIDENCE (Where deceased lived. If institutional, give name of institution) Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RIPLEY</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RURAL-SHIRLEY</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>RURAL</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 1/2 M. S.E. Don.</b>		Length of stay in lb <b>5 YEARS</b>	d. STREET ADDRESS <b>7 1/2 Mi. S.E. Doniphan</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Walter Lemuel Hotchkiss</b>			4. DATE OF DEATH <b>June 23 - 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 3 - 1891</b>		9. AGE (In years last birthday) <b>66</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONTRACTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	11. BIRTHPLACE (City and state or country) <b>ANCHOR - ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>WILLIAM HOTCHKISS</b>			14. MOTHER'S MAIDEN NAME <b>MINNIE HORNBECK</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES NAVY</b>		16. SOCIAL SECURITY NO. <b>526-05-4286</b>	17. INFORMANT <b>MYRTLE HOTCHKISS - DON.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>coronary embolus</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>(?)</b>					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					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.) <b>none</b>		
20c. TIME OF INJURY: Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			<b>none</b>		
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.) <b>none</b>		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <b>June 20</b> to <b>June 23</b> and last saw her/him alive on <b>June 22 1957</b> . Death occurred at <b>his home</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Edward M. Sowards</b>			22b. ADDRESS <b>Doniphan Mo</b>		22c. DATE SIGNED <b>6/23/57</b>
23a. ANIMAL CREMATION, PERMITTED (Specify) <b>None</b>		23b. DATE <b>6/23/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DENVER - COLORADO</b>		23d. LOCATION (City, town, or county) _____ (State) _____
24. FUNERAL DIRECTOR <b>Sowards Funeral Home Doniphan - Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>6/23/57</b>		26. REGISTRAR'S SIGNATURE <b>E. G. Johnston</b>

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1957  
AUG 1 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene Starrant*

Licensed Embalmer No. *48*  
P. O. Address *Doniph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.