

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24620

STATE FILE NUMBER

3265

FILED AUG 1 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Kansas City TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR General No. 1 INSTITUTION		Length of stay in lb 15 yrs	d. STREET (If outside, give location) ADDRESS 2519 Troost Avenue
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Harry Hoskins	4. DATE OF DEATH July 13, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 6, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hillview, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Joseph Hoskins	14. MOTHER'S MAIDEN NAME Lucy Pruitt
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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) no	16. SOCIAL SECURITY NO. 438-26-9498	17. INFORMANT Mrs. F. Smith	Address 2519 Troost
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pending autopsy report hypemephroses.		INTERVAL BETWEEN ONSET AND DEATH 180 X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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 checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 2:20 Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 24th and Cherry	COUNTY	STATE
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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 24th and Cherry	COUNTY	STATE
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21. I attended the deceased from 6-19-57 to 7-13-57 and last saw ^{her} _{him} alive on 7-13-57 Death occurred at 2:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE B. J. Burns (Degree or title) <i>B. J. Burns M.D.</i>	22b. ADDRESS 24th and Cherry	22c. DATE SIGNED 7-13-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) 7-13-57	23b. DATE 7-13-57	23c. NAME OF CEMETERY OR CREMATORY Pine Tree Cem	23d. LOCATION (City, town, or county) (State) Patterson Illinois
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24. FUNERAL DIRECTOR D. W. Newcomer	ADDRESS Sanat, Mo	25. DATE RECD. BY LOCAL REG. 7-13-57	26. REGISTRAR'S SIGNATURE Neva Minshall
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(Licensed Embalmer's Statement on Reverse Side)

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Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 *Basil V. Honey*

Licensed Embalmer No. *47*

P. O. Address *K. C., Mo.*

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.