

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **480**

FILED FEB 13 1958

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **178**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Union	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	c. LENGTH OF STAY (In this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jonesboro	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp		d. STREET ADDRESS (If rural, give location) 209 North Main	

3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Calvin c. (Last) Hoss	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1958
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 30 1923	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days	IF UNDER 1 Wk. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resturant owner	10b. KIND OF BUSINESS OR INDUSTRY Eating place	11. BIRTHPLACE (State or foreign country) Jonesboro, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John Hoss	13b. MOTHER'S MAIDEN NAME Viola Mathews	14. NAME OF HUSBAND OR WIFE Kathleen Hoss
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W. W. # 2	16. SOCIAL SECURITY NO. 349-14-0052 NO.	17. INFORMANT'S SIGNATURE OR NAME Kathleen Hoss	ADDRESS Jonesboro, Ill
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease (Massive anterior wall myocardial infarction)		
	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 Post mortem - see above	20. AUTOPSY? 4201 YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **Jan. 29th 1958**, to **Feb. 6th 1958**, that I last saw the deceased alive on **Feb. 5th 1958**, and that death occurred at **12:10A** m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Clifton Estes M.D.	23b. ADDRESS 714 Broadway, Cape Girardeau, Mo.	23c. DATE SIGNED 2/7/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) 2/9/58	24b. NAME OF CEMETERY OR CREMATORY Jonesboro	24c. LOCATION (City, town, or county) (State) Jonesboro Ill.
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DATE REC'D BY LOCAL REG Feb 7, 1958	REGISTRAR'S SIGNATURE Mrs. Homer E. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE Earl Hoss	ADDRESS Jonesboro Ill
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DEC 9 1958

FEB 19 1959

VS JUN 13 1960

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4900

P. O. Address Jonesboro

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 this body is not embalmed, fact should be so stated above.