

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1584

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview.</u>		c. CITY OR TOWN <u>Bosworth.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13118 4th St.</u>		e. STREET ADDRESS (If rural, give location) <u>0110</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Tressia</u>	b. (Middle) <u>-</u>	c. (Last) <u>Hosler</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Jan 4 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 28, 1878</u>	9. AGE (In years last birthday)	<u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life. (If retired)) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Green</u>	13b. MOTHER'S MAIDEN NAME <u>Kathryn</u>	14. NAME OF HUSBAND OR WIFE <u>Ivy Hosler</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Berrier Sr.</u>	ADDRESS <u>Grandview, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>5 years</u>  <u>9 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>		
	DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Nov. 4, 1957, to Jan 4, 1958, that I last saw the deceased alive on Dec. 29, 1957, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John C. Taylor</u>	(Degree or title) <u>D.D.</u>	23b. ADDRESS <u>3504 Troost K.C. Mo.</u>	23c. DATE SIGNED <u>1-5-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 7, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bosworth, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-5-57</u>	REGISTRAR'S SIGNATURE <u>Stirling E. Soddard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kepler-Raytown</u>	ADDRESS <u>Raytown, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1958

JAN 9 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.....  
*William L. Kyles*

Licensed Embalmer No. 4225

P. O. Address *Raytown*

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.