

STANDARD CERTIFICATE OF DEATH

58-014920

STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 182 Primary Registration District No. 4298 Registrar's No. 16

300
1-57
580

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Linn</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Linn</u> <u>0580</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>		Length of stay in 1b <u>75</u>	d. STREET ADDRESS (If outside, give location) <u>None</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ada Hosterler McMillan</u>			4. DATE OF DEATH Month Day Year <u>May 3 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 15-1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>86</u> Months <u>7</u> Days <u>19</u> Hours Min.
11a. FATHER'S NAME <u>Jacob Hosterler</u>		11b. MOTHER'S MAIDEN NAME <u>Hannah Hosterler</u>	11c. NAME OF HUSBAND OR WIFE <u>Edna McMillan</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>D.N. Strotzburger</u> Address <u>396. Fort St - 90</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>			<u>15 yrs</u>
DUE TO (c) <u>33IX</u>			
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>May 16, 1954</u> to <u>May 3, 1958</u> and last saw her alive on <u>May 3, 1958</u> Death occurred at <u>3 P.</u> m on the date stated above; and to the best of my knowledge, from the cause(s) stated.			
22a. SIGNATURE (Degree or title) <u>Denton Wilson, D.O.</u>		22b. ADDRESS <u>Linn, Mo.</u>	22c. DATE SIGNED <u>May 4, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 6th</u>	23c. NAME OF CEMETERY OR CREMATORY <u>9007</u>	23d. LOCATION (City, town, or county) (State) <u>Linn Mo.</u>
24. FUNERAL DIRECTOR <u>J.D. Brothers</u>		ADDRESS <u>Linn Mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 4 - 1958</u>
			26. REGISTRAR'S SIGNATURE <u>Mrs. Burdie Kelley</u>

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 *J.P. Knight*

Licensed Embalmer No. *4655*

P. O. Address *Medville, TN*

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.