

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028134

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in lb 9 hrs	d. STREET (If outside, give location) ADDRESS 803 Maplo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ANIS CLAUDIUS HOSSELTON			4. DATE OF DEATH Month Aug Day 27 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 7 1882
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 0 Days 56	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Hotel Operator		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Graymont, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Frank Hosselton	
13b. MOTHER'S MAIDEN NAME Henrietta Zimmerman		14. NAME OF HUSBAND OR WIFE Bessie D. Bunn	
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. None	17. INFORMANT Address Mrs. Bessie D. Hosselton, Lamar, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion after operation for strangulated Hernia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Sudden death DUE TO (c) 5615			INTERVAL BETWEEN ONSET AND DEATH Sudden death
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"/> 2	
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 7:55 Month, Day, Year		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 1952 to 8-27-1958 and last saw ^{her} him alive on 8-27-1958; 7:54 pm Death occurred at 7:55 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Gulchner (Deceased or title) Edmond Gulchner, M.D.		22b. ADDRESS Lamar, Mo.	22c. DATE SIGNED 8-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Aug 30 1958	23c. NAME OF CEMETERY OR CREMATORY Lake	23d. LOCATION (City, town, or county) (State) Lamar, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. AUG 29 '58	26. REGISTRAR'S SIGNATURE Marie Konantz

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
MEDICAL CERTIFICATION

4-0

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 *Carl F. Konantz*

Licensed Embalmer No. *2247*

P. O. Address *Kennett, Mo*

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.