Health, & Welfare Public Service

. 300
1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

**58-033425**
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mc Larney Hosp. — Length of stay in lb 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Laclede — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

0580 0

3. NAME OF DECEASED (Type or print) First Byard Middle Dell Last Hoselton
4. DATE OF DEATH Month Day Year Sept. 25, 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH Nov. 8, 1878
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months 10 Days 17 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmed
11. BIRTHPLACE (City and state or country) Sullivan County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Peter Lants Hoselton
14. MOTHER'S MAIDEN NAME Ellen Dell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Address Elvin G. Hoselton, Laclede, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertrophic Prostate c̄ Bladder obstruction — 2 years
DUE TO (c) 610X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/10/58, to 9/25/58 and last saw her/him alive on 9/25/58
Death occurred at 10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) R. W. Bohnsack Md 0
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 9/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-27-58
23c. NAME OF CEMETERY OR CREMATORY Price Cemetery
23d. LOCATION (City, town, or county) (State) Winigan, (LinnCo.) Mo
24. FUNERAL DIRECTOR ADDRESS BROTHERS FUNERAL HOME-Laclede, Mo Blake Glidden
25. DATE RECD. BY LOCAL REG. 9-27-58
26. REGISTRAR'S SIGNATURE Katharine Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Blake Glidden

Licensed Embalmer No. 15

P. O. Address Locke

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.