

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005155

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 2140

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-57 0

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bolivar
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B urge Hospital		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) No street address
3. NAME OF DECEASED (Type or print) First HENRY Middle Last HOSKINS		4. DATE OF DEATH Month FEB Day 27 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 15, 1880
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Retired		10b. KIND OF BUSINESS OR Farmer	9. AGE (In years of birthday) 78
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Owen Hoskins		13b. MOTHER'S MAIDEN NAME Marla Fike	14. NAME OF HUSBAND OR WIFE Sara Hoskins
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. 490-10-1395	17. INFORMANT Address Mrs. Wayne Marshall, Bolivar, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Massive Pneumonia this followed Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Super pubic Prostatectomy DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH
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 WORK <input type="checkbox"/> 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 2-5-59 to 2-27-59 and last saw her alive on 2-27-59 Death occurred at 7:45 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Walter Sewell, M.D.</i>		22b. ADDRESS Cherry, Springfield, Missouri	22c. DATE SIGNED 3-7-59
23a. BURIAL, CREMATION, (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	March 3, 1959	Greenwood Cemetery	Bolivar, Mo
24. FUNERAL DIRECTOR ADDRESS Pitts Funeral Home, Bolivar, Mo		25. DATE RECD. BY LOCAL REG. 3-9-59	26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Sidney J. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolivar, 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.