

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016933
STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 232

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ASHHILL TWSP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BROSELEY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 1/2 MILE S.E. of BR. 2 YRS.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4 1/2 Mile S.E. of BROSELEY
3. NAME OF DECEASED (Type or print) First JAMES Middle MADISON Last HOSKINS		DATE OF DEATH Month APRIL Day 15 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 JULY 4, 1898
9. AGE (In years at birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and state or country) CEDAR BLUFF ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME WILLIAM HOSKINS	
13b. MOTHER'S MAIDEN NAME SALLIE BISHOP		14. NAME OF HUSBAND OR WIFE DOLLIE MAE HOSKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give service) NO		16. SOCIAL SECURITY NO. 3-256	
17. INFORMANT DOLLIE M. HOSKINS		Address BROSELEY, 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) Cancer of stomach			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X			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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Byron L. Franklin Campbell		22b. ADDRESS Mo 4/18/59	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 4-18-59	
23c. NAME OF CEMETERY OR CREMATORY LULU CEMETERY		23d. LOCATION (City, town, or county) (State) REEVES MO.	
24. FUNERAL DIRECTOR J. C. White-Fisk		25. DATE RECD. BY LOCAL REG. 5/16/59	
		26. REGISTRAR'S SIGNATURE [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Raymond L. Ruffin*

Licensed Embalmer No. *4798*
P. O. Address *Berme 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.