

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 21 1959

59-024579

STATE FILE NUMBER

Registration District No. 7 Primary Registration District No. 5302 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) STATE Missouri b. COUNTY St. Louis County				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Henley, Mo. Clark		Length of stay in 1b		c. CITY OR TOWN Creve Coeur		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of Kenneth Hoskins			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lydie Arizona Hoskins				4. DATE OF DEATH Month Day Year June 29 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-23-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Maid			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Henley Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Harve Richardson			13b. MOTHER'S MAIDEN NAME Maxine Jones			14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT Address Kenneth Hoskins Henley, Mo.			
18. CAUSE OF DEATH (Enter only one cause by line or (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Thrombosis - 1 hr. DUE TO (b) Coronary Atherosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 4 hr		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 1955 to 29 June 1959 and last saw her alive on June 29 1959 Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE M. E. Humphrey D.D. (Degree or title)				22b. ADDRESS Tusculum, Mo.		22c. DATE SIGNED 7-1-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-2-59,	23c. NAME OF CEMETERY OR CREMATORY Henley, Cem.		23d. LOCATION (City, town, or county) (State) Henley Missouri.			
24. FUNERAL DIRECTOR M. Stafford Russell ADDRESS				25. DATE RECD. BY LOCAL REG. 2 July 1959		26. REGISTRAR'S SIGNATURE R. P. Davis, MD-MR		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 1959

69561 I 2 700

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *G. M. Steffens*

Licensed Embalmer No. 2307

P. O. Address *Russellville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.