

pt. Health,  
, & Welfare  
S. Public  
Health Service

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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026755

STATE FILE NUMBER  
2 5935

FILED VS JUL 21 1959

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Ferguson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hosp.		Length of stay in lb 9 hrs.	d. STREET ADDRESS (If outside, give location) 411 Robert Ave.

3. NAME OF DECEASED (Type or print) First Middle Last Foster P. Hockett			4. DATE OF DEATH Month Day Year June 22, 1959		
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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 Dec. 28, 1897	9. AGE (In years last birthday) 61	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Allis-Chalmers Co.	11. BIRTHPLACE (City and state or country) Sterling, Kans.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME John H. Hockett	13b. MOTHER'S MAIDEN NAME Sara Foster	14. NAME OF HUSBAND OR WIFE Monica M. Hockett
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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. 495-09-5098	17. INFORMANT Mrs. Monica M. Hockett, Ferguson, Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease with myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerosis Generalized</i>	<i>5 yrs</i>
	DUE TO (c) <i>420.0</i>	
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 checked="" type="checkbox"/> NO <input 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.)
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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"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>Feb 1957</i> to <i>June 22, 1959</i> and last saw <sup>him</sup> alive on <i>6-22-59</i> Death occurred at <i>10:45 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>M D Johnson M D</i>	22b. ADDRESS <i>Ferguson Mo</i>	22c. DATE SIGNED <i>9-22-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-23-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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24. FUNERAL DIRECTOR WHITE-MULLEN MORTUARY, FERGUSON	ADDRESS ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 23 59	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>
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70.9.5.

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 my-self....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Reinhold F. Lohman.....

Licensed Embalmer No. 3395.....  
P. O. Address Ferguson 35.....

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.