

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041283

FILED VS DEC 9 1959

78

Primary Registration District No. **3054**

Registrar's No. **144**

STATE FILE NUMBER

RECOMMENDED

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MO. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in 1b 8 MONTHS	c. CITY OR TOWN LOUISIANA
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 203 SOUTH 30TH.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last SALLY · LUCILLE · HOCKADAY			4. DATE OF DEATH Month Day Year DEC. 3, 1959		
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5. SEX FEMALE	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 3-17-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) SELMAR, TENN.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME BILLY · COMBS	13b. MOTHER'S MAIDEN NAME LENA HIGGINS	14. NAME OF HUSBAND OR WIFE HENRY LEE HOCKADAY
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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. 493-28-0037	17. INFORMANT Address REX HOCKADAY, LOUISIANA, MO
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Occlusion	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerotic Heart Disease	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypersensitivity reaction.	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
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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.)
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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
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21. I attended the deceased from 11/30/59 to 12/2/59 and last saw her ^{him} alive on 12/2/59	
Death occurred at 9:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) John W. [Signature]	22b. ADDRESS Louisiana	22c. DATE SIGNED 12/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 3, 1959	23c. NAME OF CEMETERY OR CREMATORY OAK RIDGE CEM	23d. LOCATION (City, town, or county) (State) KENNETT, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS Mc DANIEL FUNERAL - KENNETT, MO	25. DATE RECD. BY LOCAL REG. Dec. 2-59	26. REGISTRAR'S SIGNATURE Bernice Collier
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIRAVIT OF

DEC 21 1958

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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