

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000650

FILED VS JAN 20 1960

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STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>EVERETT Twp.</b>		Length of stay in 1b <b>18 yrs</b>	c. CITY OR TOWN <b>ARCHIE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>12 miles NW Archie</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>12 miles NW</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM DAVID HOCKER</b>		4. DATE OF DEATH Month Day Year <b>JAN 14, 1960</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-29-1898</b>
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>LISIE, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES RICHARD HOCKER</b>	
13b. MOTHER'S MAIDEN NAME <b>ELLA F HOLLOWAY</b>		14. NAME OF HUSBAND OR WIFE <b>ROSIE BELLE HOCKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-18-2825</b>	17. INFORMANT <b>Robert Hocker Freeman, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Recent Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>one hour</b>
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)			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 checked="" 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 <b>07 Jan 14-1960</b> to <b>07 Jan 14-1960</b> and last saw <sup>her</sup> him alive on <b>2 mos ago</b> Death occurred at <b>my house</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Paul E. Hartwell M.D.</b>		22b. ADDRESS <b>Drexel, Mo</b>	22c. DATE SIGNED <b>1/16/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-17-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SHARON Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Drexel, Missouri</b>
24. FUNERAL DIRECTOR <b>Atkinson Dicky Kansasville, Mo.</b>		25. DATE REGD. BY LOCAL REG. <b>Jan 16-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs Roy Sebree</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 26 1960

**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 Robert Atkinson

Licensed Embalmer No. 4902

P. O. Address Hammonton

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.