

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-007097

STATE FILE NUMBER

FILED VS FEB 24 1960

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 17

S. 300  
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DICKEYSON 26</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LEWISTOWN 05600</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PRAIRIE VIEW HOME</u>		Length of stay in 1b <u>12 days</u>	d. STREET ADDRESS <u>5 MILES EAST</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FLOSSIE Edna CHANCE</u>			4. DATE OF DEATH Month Day Year <u>Feb. 13 1960</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 6, 1881</u>
9. AGE (In years) <u>78</u> (last birthday) <u>1881</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>?</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>?</u>	11. BIRTHPLACE (City and state or country) <u>Missouri 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Hochkiss</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Hochkiss</u>		14. NAME OF HUSBAND OR WIFE <u>?</u>	
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 <u>FLOYD CHANCE</u>		Address <u>Lewistown MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>4201</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tumor - Abdomen - undiagnosed.</u>			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>July 1952</u> , to <u>13 Feb 60</u> and last saw <sup>her</sup> <del>him</del> alive on <u>13 Feb 60</u> Death occurred at <u>D.A.A. J</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W Wills</u> (Degree or title) <u>D.O. 2</u>		22b. ADDRESS <u>Lewistown MO</u>	
22c. DATE SIGNED <u>13 Feb 60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-15-60</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		23d. LOCATION (City, town, or county) (State) <u>Ewing, Mo.</u>	
24. FUNERAL DIRECTOR <u>Thomas Ball - Ewing</u>		25. DATE RECD. BY LOCAL REG. <u>2-20-60</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>			

JUL 12 1960

MAR 10 1961

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 *L. M. Asbell* .....

Licensed Embalmer No. *4405* .....

P. O. Address *Twining, 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.