

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020398

FILED VS MAY 24 1960

278

Registration District No. **4413**

Primary Registration District No. **77**

STATE FILE NUMBER

INDEXED

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 FRANKFORD	Length of stay in 1b 3YRS	c. CITY OR TOWN FRANKFORD	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" 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 CLIFTON Middle GUY Last HOSTETTER			4. DATE OF DEATH Month MAY Day 12 Year 1960		
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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 NOV. 29 1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RETIRED	10b. KIND OF BUSINESS OR INDUSTRY PIKE Co. MISSOURI	11. BIRTHPLACE (City and state or country) U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME ROBERT ROE HOSTETTER	13b. MOTHER'S MAIDEN NAME HARRIETT VIRGINIA HADEN	14. NAME OF HUSBAND OR WIFE FAY HOSTETTER
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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. 496-40-8372	17. INFORMANT Address Mrs. Fay Hostetter Frankford 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) Coronary Thrombosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-Sclerotic		
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	
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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 --- Month, Day, Year --- a.m. p.m.

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 **1:30 P** to **---** and last saw ^{him} **dead** _{alive} on **May 12**
Death occurred at **---** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. J. Mudd Coroner	22b. ADDRESS Bowling Green, Mo	22c. DATE SIGNED May 12-60
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23a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	23b. DATE May 15-1960	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery Frankford Mo.	23d. LOCATION (City, town, or county) ---
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24. FUNERAL DIRECTOR Megaron Funeral Home Frankford Mo	ADDRESS ---	25. DATE RECD. BY LOCAL REG. May 18 1960	26. REGISTRAR'S SIGNATURE Bernice Collier
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1960

AUG 18 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 Joe Fields Megaw

Licensed Embalmer No. 4093

P. O. Address Frankford Pa

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.