

FILED VS SEP 12 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-029773

STATE FILE NUMBER 284

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 284

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Corning</b> 9030		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lucy Lee</b>		Length of stay in lb <b>17 hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Rt. 2 Box 249</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sharon</b> Middle <b>Hosea</b> Last <b>Hosea</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>10</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 10, 1960</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months <b>17</b> Days <b>30</b> Hours <b>17</b> Min. <b>30</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Poplar Bluff Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Maroin Leon Hosea</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Marie Bassett</b>		14. NAME OF HUSBAND OR WIFE <b>Marion Leon Hosea</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>None</b>	17. INFORMANT <b>Marion Leon Hosea</b> Address <b>Rt. 2 Box 249 Corning, Ark.</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>Intrauterine anoxia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Partial placenta previa</b>					<b>Unknown.</b>
DUE TO (c) <b>Complication of pregnancy.</b> 761.0					
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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>8/10/60</b> to <b>8/10/60</b> and last saw her alive on <b>8/10/60</b> Death occurred at <b>9:50</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Sharon M. Hosea MD</i> (Degree or title)		22b. ADDRESS <b>330N. 2nd St. - Poplar Bluff, Mo.</b>		22c. DATE SIGNED <b>8/16/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-12-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Post Oak</b>		23d. LOCATION (City, town, or county) (State) <b>McDougal, Arkansas</b>
24. FUNERAL DIRECTOR <b>Lloyd Russell</b>		ADDRESS <b>Piggott, Arkansas</b>		25. DATE RECD. BY LOCAL REG. <b>8/23/60</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 ..... *JM* ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Gerald Hoggins* .....

Licensed Embalmer No. *1116* .....  
P. O. Address *Piggott, 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.