

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046685

FILED VS. DEC. 23 1960

STATE FILE NUMBER

INDEXED

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 116

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		c. CITY OR TOWN <u>Odessa</u>	
Length of stay in lb <u>3 Das.</u>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>East side</u>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Robert</u>		Middle <u>F.</u>		Last <u>Hockensmith</u>		Month <u>December</u> , Day <u>12</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 21 1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Lafayette Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Jonah Hockensmith</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Hockensmith</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. Conley Fitch, Higginsville, Mo.</u>		
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) <u>Cerebral hemorrhage</u>						<u>3 days</u>	
DUE TO (b) <u>@ right left hemiplegia</u>							
DUE TO (c) <u>arteriosclerosis</u>							
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	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 <u>several years</u> to _____ and last saw her/him alive on <u>12-10-60</u>				Death occurred at <u>6</u> P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (degree or title)			22b. ADDRESS <u>Odessa Mo</u>			22c. DATE SIGNED <u>12-13-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<u>Burial</u>	<u>Dec. 14, 1960</u>	<u>Odessa Cemetery</u>		<u>Odessa, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Husman-Sparks, Odessa, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-13-60</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 30 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William T. Sp

Licensed Embalmer No. 44

P. O. Address Orless

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