

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009308

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 26

AMENDED

**FILED APR 6 1961**

1. PLACE OF DEATH  
 a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Lee's Summit** Length of stay in 1b **16 yrs.**

c. CITY OR TOWN **Lee's Summit** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **612 No. Douglas St.** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **612 No. Douglas St.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Mary A. Hostetter** **April 4, 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **3-24-1879** 9. AGE (last birthday) **82** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Jackson Co. Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Sullivan** 13b. MOTHER'S MAIDEN NAME **Unkonwn** 14. NAME OF HUSBAND OR WIFE **Deceased**

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. **None** 17. INFORMANT Address **Vaughn V. Hostetter, Lee's Summit, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Mycobacterium tuberculosis** INTERVAL BETWEEN ONSET AND DEATH **5 months**  
 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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **Nov. 1, 1960** to **April 4, 1961** and last saw her **March 31, 1961** alive on **2:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at \_\_\_\_\_

22a. SIGNATURE (Degree & title) **William J. Bell M.D.** 22b. ADDRESS **Lee's Summit Mo** 22c. DATE SIGNED **4-4-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Apr. 6, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Buckner Cemetery** 23d. LOCATION (City, town, or county) (State) **Buckner, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Langsford Funeral Home Lee's Summit, Missouri** 25. DATE RECD. BY LOCAL REG. **4-4-1961** 26. REGISTRAR'S SIGNATURE **N. B. Langsford**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 25 1961

NAME OF DECEASED

STATE

DATE OF DEATH

TIME

PLACE OF DEATH

LOCALITY OF DEATH

DECEASED'S RESIDENCE

DECEASED'S OCCUPATION

CAUSE OF DEATH

DECEASED'S SEX

AGE

DECEASED'S RACE

DECEASED'S MARRIAGE STATUS

DECEASED'S RELIGION

DECEASED'S BIRTH DATE

DECEASED'S BIRTH PLACE

DECEASED'S BIRTH TIME

DECEASED'S MOTHER'S MARRIAGE STATUS

DECEASED'S MOTHER'S BIRTH DATE

DECEASED'S MOTHER'S BIRTH PLACE

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 D. B. Langford Jr  
Licensed Embalmer No. 17762  
P. O. Address Lee's Summit

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.