

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045576

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 239

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 16 1962

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>SCOTT</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SIKESTON</u>                      |  | Length of stay in 1b  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. DELTA COMMUNITY</u> |  | d. STREET ADDRESS (If outside, give location) <u>Morehouse</u>  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>CLYDE CLAUDE HOSTLER</u> |  |  | 4. DATE OF DEATH Month Day Year<br><u>11-7-1962</u> |  |  |
|--|--|--|---|--|--|

|                       |                                  |   |                                     |                                     |                                |                              |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><u>MALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3/9/1903</u> | 9. AGE (last birthday)<br><u>59</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|--------------------------------|------------------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>retired farmer</u> | 11. BIRTHPLACE (City and state or country)<br><u>Big Opening, Mo,</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S.</u> |
|--|--|---|---|

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|--|---|--|
| 13a. FATHER'S NAME<br><u>William Hostler</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Bertha Wilson</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Lorene Hostler</u> |
|--|---|--|

|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>none</u> | 17. INFORMANT Address<br><u>Lorene Hostler, Morehouse, Mo</u> |
|---|--|---|

|   |                               |  |
|---|-------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |                               | INTERVAL BETWEEN ONSET AND DEATH<br><u>18 days</u>   |
| IMMEDIATE CAUSE (a)   | <u>MYO CARDIAL INFARCT</u>    |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | <u>ART. SCLER. HEART DIS.</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |  |                                  |                                   |  |
|--|--|----------------------------------|-----------------------------------|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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 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 <u>7:10 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  | and last saw her alive on <u>11-7-1962</u> |
| 22a. SIGNATURE <u>Carl G. Papp, M.D.</u> (Degree or title)   |  | 22b. ADDRESS <u>SIKESTON</u>               |
|  |  | 22c. DATE SIGNED <u>11.8.62</u>            |

|  |                               |   |   |
|--|-------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u> | 23b. DATE<br><u>11/9/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Essex Cemetery</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Essex, Missouri</u> |
|--|-------------------------------|---|---|

|   |  |  |
|---|--|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Watkins &amp; Sons Morehouse, Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Nov 13 - 1962</u> | 26. REGISTRAR'S SIGNATURE<br><u>Jeanette Waldman</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300 Rev. 4/59

1 1007  
2 0720

3 2

4 0

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9 4200

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11

12 1-0

13 2-0

NOV 19 1962

STATE OF MICHIGAN

*Permit renewed Nov 7-1962*

**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 *Earl Nuttall*

Licensed Embalmer No. 4964

P. O. Address *Leptoma*

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.