

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000978

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 23

FILED FEB 1 1963

VS 300
Rev. 4/59

1 0355

2 0350

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4 0

5 1

6

7 0

8 2

9 4/20/63

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11

12 2-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Length of stay in 1b 2 hours	c. CITY OR TOWN Holcomb Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JACOB Middle SPEAR Last HOSTETLER		4. DATE OF DEATH Month Jan. Day 31 Year 1963	
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 2-26-1912
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Holcomb, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry S. Hostetler	
13b. MOTHER'S MAIDEN NAME Laura Spear		14. NAME OF HUSBAND OR WIFE Dusae Hostetler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. 348	17. INFORMANT Address Dusae Hostetler Holcomb, Mo. Rt. 1
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 3 hours
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. <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 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.) 1-31-63		20f. CITY, TOWN, OR LOCATION COUNTY STATE 1-31-63 1-31-63	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Quinton T. Taylor</i> Quinton Taylor, M.D.		22b. ADDRESS 2-5-63 Kennett, Mo.	22c. DATE SIGNED 2-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 2, 1963	23c. NAME OF CEMETERY OR CREMATORY Loyd Cemetery	23d. LOCATION (City, town, or county) (State) Holcomb, Missouri
24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home, Campbell, Mo.		25. DATE RECD. BY LOCAL REG. 2-6-63	26. REGISTRAR'S SIGNATURE <i>W. A. Hubert</i>

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 19 1963

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 Christine L. Beall

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.