MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022852
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 30792 Registrar's No. 92

FILED MAY 20 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MARSHALL — Length of stay in 1b: 3 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): FITZGIBBON MEMORIAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: SALINE
c. CITY OR TOWN: SLATER — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 540 BLACKSTONE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FANNIE Middle MAE Last HOCKADAY

4. DATE OF DEATH: Month MAY Day 12, Year 63

5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/26/1888
9. AGE (last birthday): 74 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): NEW FRANKFORT, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: FRANK LOGAN
13b. MOTHER'S MAIDEN NAME: LAURA LOGAN
14. NAME OF HUSBAND OR WIFE: JOHN HENRY HOCKADAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: MARGARET JOHNSON Address: SLATER MO.

MEDICAL CERTIFICATION

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): Myocardial Infarction — 1 day
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): Cerebral Hemorrhage due to Arteriosclerosis
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 May 9, 1963, to May 12, 1963 and last saw her/him alive on 12 May 1963
Death occurred at 2:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Adrian [illegible]
22b. ADDRESS:
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 16, 1963
23c. NAME OF CEMETERY OR CREMATORY: CAMBRIDGE CEMETERY
23d. LOCATION (City, town, or county) (State): GILLIAM, MISSOURI

24. FUNERAL DIRECTOR: GEORGE H. GREEN — ADDRESS: FULTON, MO.
25. DATE RECD. BY LOCAL REG.: 5-15-63
26. REGISTRAR'S SIGNATURE: Cecil L. Read

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 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 CHARLES RICHARD WILLIAMS, Student Embalmer No. 693 working under my personal supervision.

Student Charles R. Williams
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4720

P. O. Address Dalton Ga.

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.