

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026933

STATE FILE NUMBER

Registration District No. 351 Primary Registration District No. 4515 Registrar's No. 55

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1050

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u> | | Length of stay in lb <u>6 months</u> | c. CITY OR TOWN <u>Milan</u> Inside Limits? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary' St.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Duncan Twp.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Clyde</u> Middle <u>Willard</u> Last <u>Hoskins</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>8</u> Year <u>1963</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>2/23/1902</u> 9. AGE (last birthday) <u>61</u> 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) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (City and state or country) <u>Adair County, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>John J. Hoskins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Ellen Browning</u> | 14. NAME OF HUSBAND OR WIFE <u>Chole Hoskins</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT Address <u>Chole Hoskins Milan, Mo.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mutitute Co</u> DUE TO (b) <u>emb mor</u> DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>emo</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. Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ 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.) <u>Sullivan Sullivan Twp.</u> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Sullivan Sullivan Mo.</u> |
| 21. I attended the deceased from <u>July 1960</u> to <u>Jan 8, 1963</u> and last saw him alive on <u>Jan 8, 1963</u> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (If care of title) _____ | | 22b. ADDRESS <u>Milan Mo</u> | 22c. DATE SIGNED <u>6/10/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>6/10/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Sullivan County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Schoenig</u> ADDRESS <u>Milan, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-12-63</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u> |

MAR 23 1984

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

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.