

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0005740

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 26

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0275
2 0270
3 2
4 0
5 2
6
7 2
8 2
9 1/621
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH COUNTY <u>Boonville</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonville</u>		Length of stay in 1b <u>6 mo.</u>		c. CITY OR TOWN <u>Boonville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>421 Parkway</u>	
3. NAME OF DECEASED (Type or print) First <u>STANLEY</u> Middle <u>-----</u> Last <u>HOSMAN</u>				4. DATE OF DEATH Month <u>February</u> Day <u>11</u> Year <u>1964</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/3/84</u>	
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Garment</u>		11. BIRTHPLACE (City and state or country) <u>Vienna, Austria</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>							
13a. FATHER'S NAME <u>unknown</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Cizek</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT Address <u>Mrs Rudolph Jordan Boonville, 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>Unemployed</u> DUE TO (b) <u>Primary Chorea Pure</u> DUE TO (c) <u> </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. <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 <u> </u> a.m. <u> </u> 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>Jan 15-64</u> to <u>Feb 11-64</u> and last saw him alive on <u>Feb 11-64</u> Death occurred at <u>11:35 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. Duhaeger MD</u>				22b. ADDRESS <u>Boonville Mo</u>		22c. DATE SIGNED <u>2/12/64</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		23b. DATE <u>Feb. 14/64</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bohemian Nat. Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Chicago, Illinois</u>	
24. FUNERAL DIRECTOR ADDRESS <u>B. W. Thacher Boonville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2/12/64</u>		26. REGISTRAR'S SIGNATURE <u>Bo Cooper</u>	

USE BLACK INK OR TYPEWRITER RIBBON

0470000

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 Berry W. Shaker

Licensed Embalmer No. 3944

P. O. Address Boonville, 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.