

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12711**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **1**

3422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 0422	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp		d. STREET ADDRESS (If rural, give location) 518 S. Second	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Theron c. (Last) Hoskins		4. DATE OF DEATH (Month) (Day) (Year) April 24, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12 1876
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no	11. BIRTHPLACE (State or foreign country) Zanesville Ohio
10b. KIND OF BUSINESS OR INDUSTRY Retired		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John Hoskins		13b. MOTHER'S MAIDEN NAME Sarah Abbot	14. NAME OF HUSBAND OR WIFE Marianne W. Hoskins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marianne W. Hoskins
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Darmary Occlusion 24 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis w/ 1 year DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/10/1951 to 4/24/1952 , that I last saw the deceased alive on 4/24/1952 and that death occurred at 9:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE D. R. S. Haller (Degree or title)		23b. ADDRESS Clinton Missouri	
23c. DATE SIGNED 4/24/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-52	
24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton Missouri	
DATE REC'D BY LOCAL REG. April 25-52		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S SIGNATURE F. C. Consalus		ADDRESS Clinton, Mo.	

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
Student Embalmer

Signed

Eugene R. Connerly

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.

5-5-62