

# VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

-60-038122

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 177

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Grundy</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Trenton</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Grundy</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Wright Hospital Annex</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Trenton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS <b>RFD #5</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Homer</b>		Middle <b>Joseph</b>		Last <b>Hoskins</b>		Month Day Year <b>10 11 1960</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10/16/77</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>25</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (City and state or country) <b>Grundy County Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Joshua Hoskins</b>			13b. MOTHER'S MAIDEN NAME <b>Cecelia McCuen</b>		14. NAME OF HUSBAND OR WIFE <b>Mary</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>496-42-1989</b>		17. INFORMANT Address <b>Mary Hoskins Trenton, Mo.</b>			
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) <b>Tumor of abdomen, probably carcinoma about 1 1/2 in.</b>							
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 _____ a.m. _____ 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 5 - 1960</u> to <u>Oct. 11 - 1960</u> and last saw <sup>her</sup> him live on <u>Oct. 10 - 1960</u> Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>B. H. Sellers M.D.</b>				22b. ADDRESS <b>Trenton Mo 214 E 11th</b>			22c. DATE SIGNED <b>Oct. 12 - 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10/13/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oddfellow Cem. RFD</b>		23d. LOCATION (City, town, or county) <b>Edinburg Mo</b>			(State)
24. FUNERAL DIRECTOR ADDRESS <b>Gipson Funeral Home</b>		Trenton,		25. DATE RECD. BY LOCAL REG. <b>10-28-60</b>	26. REGISTRAR'S SIGNATURE <b>Jrene Jar</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 T AON

VS AUG 23 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed B. J. Ludley

Licensed Embalmer No. 485

P. O. Address Chillicothe

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.