

CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1475

DO NOT WRITE ON THIS STUB

9. 0
10a. 77
10b.
11. 1
12. 1
13. 4339
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

VS 300
Rev. 1/68

4. 0397
5. 92

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0390

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. William Hotelling		2. male	3. October 30, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 77	6. Jan. 5, 1892	7a. Greene
CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Springfield, Mo.	7c. yes	7d. D.O.A. Cox Medical Center	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Iowa	9. U.S.A.	10. married	11. Myra Hawley
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 500-05-8835	13a. Retired Mechanic	13b. Garage	
RESIDENCE—STATE COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri	14b. Greene	14c. no	14d. Rt. #2
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. William J. Hotelling	16. Harriett		
INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Myra Hotelling	17b. RT. #2, Fair Grove, Missouri		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE			
(a) <i>Cerebral thrombosis</i>		1 day	
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <i>Gen. Arteriosclerosis</i>		years	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
<i>ASHD + woman</i>			19a. <i>no</i>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b. <i>no</i>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. M	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	TO	MONTH DAY YEAR
21a. <i>Sept 1959</i>		21b. <i>30 Oct 69</i>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.		MONTH DAY YEAR	MONTH DAY YEAR HOUR
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <i>Dr. Kenneth Knabb, MD</i>	<i>Kenneth Knabb, MD</i>	<i>MD</i>	23c. <i>1 Nov 69</i>
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
23d.	23b. <i>1630 N. Jefferson, Springfield, Missouri</i>		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. <i>Burial</i>	24b. <i>Bellview Cemetery</i>	24c. <i>Greene County, Missouri</i>	
DATE (MONTH, DAY, YEAR)	FLUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. <i>11-2-1969</i>	25. <i>Ralph Thieme-1200 Boonville-Springfield, Missouri</i>		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25b. <i>Ralph A. Thieme</i>	26a. <i>Bernie Medley</i>	26b. <i>Nov 2 1969</i>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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

Richard L. Strauser

Licensed Embalmer No. 2764

P.O. Address Spqr. 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.