

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1949

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>HEXAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry 42</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Irish 1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Irish 0</u>	
c. LENGTH OF STAY (In this place) <u>5 years</u>		d. STREET ADDRESS (If rural, give location) <u>north main st 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home north main st</u>			

3. NAME OF DECEASED (Type or Print) <u>CLAUDE CLIFTON HOEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 13 - 49</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 6 - 1875</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Orengo Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
<u>Real Estate</u>	<u>Real Estate</u>				

13a. FATHER'S NAME <u>George E Hoey</u>		13b. MOTHER'S MAIDEN NAME <u>Armie M Towbridge</u>		14. NAME OF HUSBAND OR WIFE <u>May Hoey</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. L. Swackhammer</u> ADDRESS <u>Irish Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Block instant</u>						
ANTECEDENT CAUSES		DUE TO (b) _____ ✓				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____ ✓				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. _____ ✓				

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Irish Mo</u>		
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 May, 1947, to Jan 13, 1949, that I last saw the deceased alive on Jan 13, 1949, and that death occurred at 2:30 p m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. W. Galfeath M.D.</u>		23b. ADDRESS <u>Irish Mo</u>		23c. DATE SIGNED <u>Jan 16 - 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 16 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Garden City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Buzen</u>		ADDRESS <u>Irish Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 16 - 49</u>		REGISTRAR'S SIGNATURE <u>R. R. Kerney</u>		120	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 12-48-164
Date Filed 1-24-49

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.

Signed R. B. Kenney

Signed _____
Student Embalmer

Licensed Embalmer No. 3099

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.