

FILED DEC 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37635

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural 112th Ward</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>2712 East 78th St</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112th Wornall Rd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-9-49</u>		
3. NAME OF DECEASED a. (First) <u>Mr Lee</u> b. (Middle) <u>William</u> c. (Last) <u>Hoyle</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>2-11-1906</u>		9. AGE (In years last birthday) <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Paola Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William H Hoyle</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lee Leurt</u>	14. NAME OF HUSBAND OR WIFE <u>Oleta Hoyle</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>512-09-5870</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oleta Hoyle</u> ADDRESS <u>2712 E 78th St</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>lacerations throat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E777X</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
			DUE TO (c) <u>Laboratory analysis pending.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide?</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>Jackson 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? <u>Self inflicted?</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Augustine Coronel</u> (Degree or title)			23b. ADDRESS <u>1039 Pacific Bldg</u>		23c. DATE SIGNED <u>12-10-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clayton</u>		24d. LOCATION (City, town, or county) (State) <u>Clayton, Kansas</u>
DATE REC'D BY LOCAL REG. <u>12/10/49</u>		REGISTRAR'S SIGNATURE <u>Dr. Annie B. H. Adgate</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances Wornall</u> ADDRESS <u>Federal Home</u>	

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

DEC 19 1949

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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 \_\_\_\_\_

*Gerald A. Buzer*

Student Embalmer No. 313

working under my personal supervision.

Student *Gerald A. Buzer*  
Student Embalmer

Signed *Russell N. France*

Licensed Embalmer No. 4255

P. O. Address K. C. 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.