

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1209

State File No.

BIRTH NO. 46089-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 61

3008

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

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Farmmount Maternity Hosp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Harold</u>		b. (Middle) <u>-</u>	
c. (Last) <u>Hoag</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>12-4-49</u>
9. AGE (In years last birthday) <u>1</u>		10. IF UNDER 1 YEAR Months <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>X</u>		13b. MOTHER'S MAIDEN NAME <u>Carolyn Hoag</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>--</u>	
17. INFORMANT'S SIGNATURE OR NAME: <u>Mrs Thompson Farmmount</u>		ADDRESS: <u>K C Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute gastroenteritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION <u>5710</u>	
20. AUTOPSY? YES <input checked="" 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) (Min)		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 <u>Dec 28, 1949</u> , to <u>Jan 4, 1950</u> , that I last saw the deceased alive on <u>Jan 4, 1950</u> and that death occurred at <u>2:09 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H M Gilkey MD</u> (Degree or title)		23b. ADDRESS <u>1624 Prof Bldg</u>	
23c. DATE SIGNED <u>1-4-50</u>			
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>Jan 7-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Nichman Mills, Mo</u>	
DATE REC'D BY LOCAL REG <u>1-6-50</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. P. Dichter</u>		ADDRESS <u>1415 E 15</u>	

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

A. P. Doehler

Licensed Embalmer No. *1166*

P. O. Address *1415 E 15*

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.