U.S. No. 300
REV. 10-48

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16192

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 48

0240

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

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE, MO.
c. LENGTH OF STAY (in this place): 6 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SMITHVILLE COMMUNITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PLATTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0830
d. STREET ADDRESS (If rural, give location): 4 MILES SOUTHEAST OF PLATTE CITY, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): ----
c. (Last): HON

4. DATE OF DEATH (Month) (Day) (Year): MAY 24, 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 4, 1885
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL FARMING
11. BIRTHPLACE (State or foreign country): PLATTE COUNTY, MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ISAAC N. HON
13b. MOTHER'S MAIDEN NAME: KATIE HAYTER HON
14. NAME OF HUSBAND OR WIFE: AMELIA STEVENSON HON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS. DAVID HON, PLATTE CITY, MO.

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) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

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. 203 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No —
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949, *to* May 24, 1950, *that I last saw the deceased alive on* 5/24, 1950, *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0
23b. ADDRESS: Smithville Mo
23c. DATE SIGNED: 5/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 0
24b. DATE: 5-26-1950
24c. NAME OF CEMETERY OR CREMATORY: SECOND CREEK CEMETERY
24d. LOCATION (City, town, or county) (State): PLATTE COUNTY, MO.

DATE REC'D BY LOCAL REG.: May 26 - 50
REGISTRAR'S SIGNATURE: Beulah Kitchen 0 63
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: McCOMAS FUNERAL HOME SMITHVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/7/50

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 _____
Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4578

P. O. Address Smithville, Missouri

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.