

FILED JUN 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16783
2371

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 45 yrs.		d. STREET ADDRESS (If rural, give location) 7138 McGee Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) W.		c. (Last) HOEBEL		4. DATE OF DEATH (Month) (Day) (Year) May 25, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 2-25-72		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grain Opr.		10b. KIND OF BUSINESS OR INDUSTRY Board of Trade		11. BIRTHPLACE (State or foreign country) Blairstown, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Louis Hoebel		13b. MOTHER'S MAIDEN NAME Catherine Sauer		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) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. C. Hoebel, 7138 McGee St., K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 45^{min}	
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **1/23, 1950**, to **5/25, 1950**, that I last saw the deceased alive on **5/25, 1950**, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James D. Smith (Degree or title) MD	23b. ADDRESS 318 E. 14th St., K.C., Mo.	23c. DATE SIGNED 5/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-27-50	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 5-26-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mollody-McGilley-Eylar, Kansas City, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Dr. S. B. Hewitt

Jackson
 Kansas City
 St. Joseph Hospital
 May 22, 1920
 HOEHEL
 S-S-YS
 Blairtown, Iowa
 Board of Trade
 Louis Hoehel
 no
 none
 E. C. Hoehel, 1138 McGee St., K.C., Mo.
 Catherine Seuer
 Iowa
 single
 white
 male
 Fred
 7.
 10 yrs.
 Kansas City
 Jackson

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Max W. Kirkendall*

Licensed Embalmer No. *4632*

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.

Mellogg-Ho Hiev-Elyat, Kansas City, Mo.