

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26923
3436

State File No.

FILED AUG 26 1950

| | | | | | | | |
|---|----------------------------------|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 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. LENGTH OF STAY (in this place) <u>unknown</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | | d. STREET ADDRESS (If rural, give location) <u>6128 Tracy</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | | 3818 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BEULAH</u> | | b. (Middle) <u>-</u> | | c. (Last) <u>HOCKADAY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1950</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | | 8. DATE OF BIRTH <u>Nov. 19, 1888</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months | IF UNDER 11 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>James A. Hockaday</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nannie Elliott</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert H. Frost, Plattsburg, Missouri</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gangrene Riley</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Compound fracture of femur with + gangrene Paralysis from white down</u> 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. <u>Turner of spine</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>3 weeks</u> <u>30 yrs</u> <u>890 21</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>123</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT (Specify) <u>SUBMERGENCE HOMICIDE</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 17 50</u> m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fell from wheel chair</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8-4</u> , 19 <u>50</u> , to <u>8-10</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-9</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (L. & P. Potter) (Degree or title) <u>L. & P. Potter M.D. M.D.</u> | | | | 23b. ADDRESS <u>724 Brog Bldg KC Mo</u> | | 23c. DATE SIGNED <u>8/9/50</u> | |
| 24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>8/10/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (state) <u>Plattsburg, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>8-11-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Mo.</u> | | | |

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

Dr. L. B. Potter
Prof. Pathology
Ba 3415

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address H. C. Ind

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.