

FILED MAY 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12689  
1761

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

1. PLACE OF DEATH  
a. COUNTY **Jackson**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**  
c. LENGTH OF STAY (in this place) **40 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **906 Elmwood**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Jackson**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**  
d. STREET ADDRESS (If rural, give location) **906 Elmwood**

3. NAME OF DECEASED  
a. (First) **Minnie** b. (Middle) **Leas** c. (Last) **Hocker**

4. DATE OF DEATH (Month) (Day) (Year)  
**April 22, 1951**

5. SEX **Fe**

6. COLOR OR RACE **Wh**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Oct. 17, 1870**

9. AGE (In years last birthday) **80**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired housewife**

10b. KIND OF BUSINESS OR INDUSTRY **self employed**

11. BIRTHPLACE (State or foreign country) **Independence, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Samuel R. Leas**

13b. MOTHER'S MAIDEN NAME **Rebecca Kosier**

14. NAME OF HUSBAND OR WIFE **Charles E. Hocker (deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

(If yes, give war or dates of service) **XX**

16. SOCIAL SECURITY NO. **XX**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Joseph W. Clower Haven Hill Apts.**

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pulmonary Congestion and Edema**  
  
ANTECEDENT CAUSES  
DUE TO (b) **Cerebral Encephalomalacia**  
  
DUE TO (c) **Generalized Arteriosclerosis**  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Gangrene left leg.**

INTERVAL BETWEEN ONSET AND DEATH  
  
**3 1/2 hr**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

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 **Pathologist**, 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 **Victor B. Buehler** (Degree or title) **MD**

23b. ADDRESS **4228 W 47th, Kans. City, Mo.**

23c. DATE SIGNED **23 Apr 51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **4/24/1951**

24c. NAME OF CEMETERY OR CREMATORY **Woodlawn Cemetery**

24d. LOCATION (City, town, or county) (State) **Independence, Mo.**

DATE REC'D BY LOCAL REG **4-23-51**

REGISTRAR'S SIGNATURE **Seraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE **Bentley Mortuary**

ADDRESS **5811 Troost K.C. Mo.**

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

**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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.