

FILED JUN 6 ' 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 58

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Excelsior Springs</u>	c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3248</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>115 West Excelsior St</u>		d. STREET ADDRESS (If rural, give location) <u>1324 Askew 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>NEWTON</u>	c. (Last) <u>HOCKENSMITH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1951</u>
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>NOV. 27 1876</u>	9. AGE (In years last birthday) <u>74</u>	10 UNDER 1 YEAR Months Days	11 UNDER 100 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter & Paper Hanger</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ray County Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George E. Hockensmith</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wainwright</u>	14. NAME OF HUSBAND OR WIFE <u>Beatrice Hockensmith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491-01-8895</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Hockensmith</u> CITY ADDRESS <u>608 Old Orchard</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>	DUPLICATE DUE TO (b) <u>hypertension</u>		<u>instan</u>
ANTECEDENT CAUSES <i>*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>	DUPLICATE DUE TO (c) <u>Arteriosclerosis</u>		<u>sev. yrs</u>
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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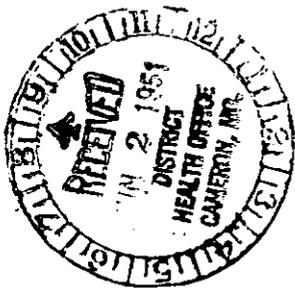
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1951, to May 10, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 7:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. A. Condit M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>5-11-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 13-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Craven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Candler Mo. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/12/51</u>	REGISTRAR'S SIGNATURE <u>Caroline Dutchen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u> ADDRESS <u>Excelsior Springs Mo.</u>
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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

James A. Moles

Licensed Embalmer No. 3286

P. O. Address

Ex Springs 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.