

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **24778**

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Jackson County Hospital</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) OR TOWN <u>Rural Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blue Twp.</u>	
c. LENGTH OF STAY (in this place) <u>3 months</u>		d. STREET ADDRESS (If rural, give location) <u>204 So. Hawthorne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Shelvy</u>	b. (Middle) <u>V.</u>	c. (Last) <u>Hobson</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>6-27-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-14-1880</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 1 MIN. Hours <u>14</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lineotype operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Star</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lynn County, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>C. M. Hobson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Janes</u>	14. NAME OF HUSBAND OR WIFE <u>XXXXX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-14-9234</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Hobson</u>	ADDRESS <u>4634 Loughborough St., St. Louis, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat exhaustion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinsonism</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E 9319 4/2</u>	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) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. Blumenschein, M.D.</u> (Degree or title)	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>29 June 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/1/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grinter Heights Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Stony Point Rd. - Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-30-52</u>	REGISTRAR'S SIGNATURE <u>Ronald C. Emswiler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BENTLEY MORTUARY</u>	ADDRESS <u>5811 Troost K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0460

John Earnshaw
Res: 112 Monroe

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

Guy J. Buffington

Licensed Embalmer No. *2756*

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.