

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5995**
946

FILED MAR 13 1953

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

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| 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) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (In this place) 64 yrs. | | 3098 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Krestwood Medical Hospital | | d. STREET ADDRESS (If rural, give location) 116 North Monroe | |

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|---------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) M. c. (Last) HOBAN | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1953 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | |
| 8. DATE OF BIRTH 12-19-86 | | 9. AGE (In years last birthday) 66 | | # UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Desk Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Densmore Hotel | | 11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|-----------------------------------------|--|-----------------------------------------------------|--|-----------------------------------|--|
| 13a. FATHER'S NAME Richard Hoban | | 13b. MOTHER'S MAIDEN NAME Catherine Crawford | | 14. NAME OF HUSBAND OR WIFE _____ | |
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| 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. 490-16-7283 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Fagan, 116 N. Monroe, K.C., Mo. | |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auricular fibrillation DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 1 day 1 mo 4331 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------------|

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|------------------------|--|----------------------------------|--|----------------------------------------------------------------------------------|--|
| 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 2-2-, 1953, to 2-13-, 1953, that I last saw the deceased alive on 2-13-53, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

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|---------------------------------------------------------|--|------------------------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE J. A. Nieto, MD (Degree or title) | | 23b. ADDRESS 1222 McGee St., Kansas City, Mo. | | 23c. DATE SIGNED 2-13-53 | |
|---------------------------------------------------------|--|------------------------------------------------------|--|---------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-16-53 | | 24c. NAME OF CEMETERY OR CREMATORY CALVARY | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | | | |

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| DATE REC'D BY LOCAL REG. 2-13-53 | | REGISTRAR'S SIGNATURE Seraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler, Kansas City, Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. A. Nigro
or
Dr. Cutchiff

Dr. Cutchiff

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 _____

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.