

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6004

State File No. 1012

FILED MAR 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1012

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wysandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Kansas City</u> <u>8150</u>	
c. LENGTH OF STAY (In this place) <u>7 da</u>		d. STREET ADDRESS (If rural, give location) <u>3715 Eaton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Millie</u>	b. (Middle) <u>Ida</u>	c. (Last) <u>Hoyes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-53</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>7-1-1889</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Galena, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John T. Vinson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Miller</u>	14. NAME OF HUSBAND OR WIFE <u>Wade H. Hoyes</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Ruth Simonton - 6400 W. 81st St. Leavenworth, Kans.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>		<u>7 da</u>
	DUE TO (c) <u>Hypertension, arteriosclerosis, chronic glomerulonephritis, Diabetes mellitus</u>		<u>"</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 <u>331X</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 2-9, 1953, to 2-16, 1953, that I last saw the deceased alive on 2-16, 1953, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold W. Bain</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>4150 Rainbow Blvd. K.C. Kans</u>	23c. DATE SIGNED <u>2-16-53</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Buried</u>	24b. DATE <u>2/18/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>
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DATE REC'D BY LOCAL REG. <u>2-17-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K.C. Kans.</u>
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*Professional*

**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

*James S. Huchshorn*

Licensed Embalmer No. 4092

P. O. Address Mission, Tenn.

**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.