THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1953

State File No. 14258

Registrar's No. 2105

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (in this place): 8 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4318-A- Rock Hill Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City 3668
d. STREET ADDRESS (If rural, give location): 4318-A- Rock Hill Road.

3. NAME OF DECEASED (Type or Print)
a. (First): MINNIE
b. (Middle):
c. (Last): Hoss

4. DATE OF DEATH (Month) (Day) (Year): April - 21 - 53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: Aug - 4 - 1867
9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months: 8 Days: 18
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Perry ILL.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Joseph. Bentley
13b. MOTHER'S MAIDEN NAME: Mary Conner
14. NAME OF HUSBAND OR WIFE: Worth H. Hoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. H.C. Robert.
ADDRESS: 4318A Rock Hill K.C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (TERMINAL) BRONCHIAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) (SENILITY) CEREBRAL ARTERIO SCLERISIS — YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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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) m.
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* NOV, 1952, *to* APRIL 20, 1953, *that I last saw the deceased alive on* APRIL 20, 1953, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. S. Long (Degree or title) M.D.
23b. ADDRESS: 4800 E. 24th
23c. DATE SIGNED: 4-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cem
24d. LOCATION (City, town, or county) (State): Carrollton, Mo

DATE REC'D BY LOCAL REG.: 4-21-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson L. Tapley
ADDRESS: Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Jason T White

Licensed Embalmer No. 4925

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.