

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 14 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 192

1005
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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>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. LENGTH OF STAY (In this place) <u>12 yrs</u>	c. CITY OR TOWN <u>Independence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 707 E. Albert</u>		e. STREET ADDRESS (If rural, give location) <u>707 E. Albert</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> b. (Middle) _____ c. (Last) <u>Hoye</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 6, 1892</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>tool maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lake City Ord.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lone Tree, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Hoye</u>		13b. MOTHER'S MAIDEN NAME <u>Martha A. Warren</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Hoye</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>186 07 8364</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Hoye, Independence, Mo.</u> ADDRESS _____
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) <u>Coronary Thrombosis with Occlusion</u> ANTECEDENT CAUSES <u>Coronary Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden Death</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>4201</u>
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? _____
22. I hereby certify that I attended the deceased from <u>Dec. 8, 1952</u> to <u>May 2, 1953</u> , that I last saw the deceased alive on <u>April 13, 1953</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles Grobner, MD</u> (Degree or title)		23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>5/2/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear Fork</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>5-8-53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Bob Brown</u> ADDRESS <u>Independence, Mo.</u>	

MAY 14 1959

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.....
Signature of Student Embalmer

Signed Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indef. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.