

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21846

State File No. _____

FILED JUN 20 1953

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY JACKSON <i>Blue</i>			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 town(ship)) Rural K, C. Mo RR9		c. LENGTH OF STAY (In this place) 5mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		<i>1005</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION Crawford Conv. Home			d. STREET ADDRESS (If rural, give location) 701 E. Kansas		

3. NAME OF DECEASED (Type or Print) a. (First) MRS. BETTIE b. (Middle) HOCKER c. (Last) COLE			4. DATE OF DEATH (Month) (Day) (Year) June 4, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1, 1876		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 MIN. 77	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Nicholas Hecker		13b. MOTHER'S MAIDEN NAME Julia M. Wilson		14. NAME OF HUSBAND OR WIFE. Thos. S. Cole Dec.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Julia Fisher Indep. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Ht Bleak. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis of Disease DUE TO (c) Hypertensive C/V Disease.				INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs 10 yrs.	
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 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July, 1951, to June 4, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry S. Biggs M.D.		23b. ADDRESS Raytown, Mo		23c. DATE SIGNED 6/5/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6, 1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Indep. Mo.	
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DATE REC'D BY LOCAL REG. 6-6-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Indep. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEC 9 1957

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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 this body is not embalmed, fact should be so stated above.