

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35912

5111

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>Kansas City</u>		c. LENGTH OF STAY (If this place) <u>28 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>1702 1/2 East 18th Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dorothy</u>		b. (Middle) <u>L</u>		c. (Last) <u>Hobson</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>2-4-1907</u>	
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Union Bus Ter.</u>			11. BIRTHPLACE (City and State, or Foreign Country) <u>Little Rock, Ark. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Marcellus Porter</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Buie</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Hobson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-01-4980</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Corrine Williams-1702 1/2 E. 18-K.C.Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES					331X
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral arteriosclerosis and hypertension.</u>					
DUE TO (c)		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					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
2. I hereby certify that I attended the deceased from <u>10-21-53</u> , 19____, to <u>10-22-53</u> , 19____, that I last saw the deceased alive on <u>10-22-53</u> , 19____, and that death occurred at <u>7:25 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank Billie, MD</u> (Degree or title)				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>10-26-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>10-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-27-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nathan W. Thatcher K.C.K.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Cleypnd L Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

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.