No. 300
10-48

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18974

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2572

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): 2 dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen. Hosp. #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 608 N. McCoy

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Dermit
c. (Last): Hoard

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1954

5. SEX: M
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 7, 1908
9. AGE (In years last birthday): 45 yrs
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Lake City Arsenal
11. BIRTHPLACE (City and State or Foreign Country): Independence, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Hoard
13b. MOTHER'S MAIDEN NAME: Lucy Bunney
14. NAME OF HUSBAND OR WIFE: Rosa Lee Hoard

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.: 498-09-1475
17. INFORMANT'S SIGNATURE OR NAME: Rosa Lee Hoard
ADDRESS: 608 N. McCoy

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) Bilateral Congestion of Lungs, Bilateral
INTERVAL BETWEEN ONSET AND DEATH: ____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemothorax. Multiple Fractures
DUE TO (c) of Ribs. Fracture of Pelvis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Laceration of Pericardium Retroperitoneal Hemorrhage

19a. DATE OF OPERATION: ____
19b. MAJOR FINDINGS OF OPERATION: E 81.64
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 71 Bypass & Courtney Rd
21c. (CITY, TOWN, OR TOWNSHIP): ____ (COUNTY) Jackson (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jun 2, 1954 7:45 P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Traffic Accident 2 car collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. M. Tillman M.D. Deputy Coroner
23b. ADDRESS: 1618 Lydia Ave
23c. DATE SIGNED: 6/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 12, 1954
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): Independence, Mo.

DATE REC'D BY LOCAL REG.: 6-8-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: C. C. Davis
ADDRESS: 1415 E Truman Rd

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Landis L. Jackson.....

Licensed Embalmer No. 485

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.