

FILED FEB 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 4866

486

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				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 township) Kansas City		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN Kansas City		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 817 West 61st Terrace				STREET ADDRESS (If rural, give location) 817 West 61st Terrace					
3. NAME OF DECEASED (Type or Print) ROY		a. (First)		b. (Middle) CALVIN		c. (Last) HOOK		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955	
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 22, 1887		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President - Atlas Mutual Insurance Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Theodore C. Hook			13b. MOTHER'S MAIDEN NAME Della Kenney			14. NAME OF HUSBAND OR WIFE Sallie R. Hook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-03-5995		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sallie R. Hook, 817 W. 61st Terr., 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) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Hypertension DUE TO Coronary Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 443X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (Minute) m.			
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>12/10/47</u> , 19 <u>47</u> , to <u>2/1/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/1/55</u> , 19 <u>55</u> , and that death occurred at <u>9 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE H. P. Boughnau (Degree or title) H. P. Boughnau M.D.				23b. ADDRESS Kansas City Mo		23c. DATE SIGNED 2/2/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-3-55		24c. NAME OF CEMETERY OR CREMATORY Mansfield		24d. LOCATION (City, town, or county) (State) Mansfield, La. via Shreveport, La.			
DATE REC'D BY LOCAL REG. 2-2-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

Esp - 2100A

Dr. S. P. Langhman
200 Nichols Road
B. 7410

Water 1.000 ml

APR 22 1958

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 *Eugene A. Kenna*

Licensed Embalmer No. *463*

P. O. Address *Lawrence City*

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.