

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33284**  
**4178**

FILED OCT 19 1955

|   |  |  |   |   |   |  |   |  |  |
|---|--|--|---|---|---|--|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |   | Registrar's No. _____  |   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |  |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>  |  | c. LENGTH OF STAY (in this place)<br><b>33yrs</b>  |   | c. CITY OR TOWN <b>Kansas City</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1306 Olive</b>  |  |  |   | e. STREET ADDRESS (If rural, give location)<br><b>1306 Olive</b>  |   |  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Frank</b>  |  |  | b. (Middle)   |   | c. (Last) <b>Hokes</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept 24, 1955</b> |  |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>Negro</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  |   | 8. DATE OF BIRTH<br><b>Dec. 28, 1897</b>   |   | 9. AGE (In years last birthday) <b>57</b><br>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)<br><b>retired</b>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>laborer</b> |   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Stuttgart, Arkansas</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>Mance Hokes</b>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>         |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Bessie Lee Hokes</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><b>496-03-3127</b>                   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Bessie Lee Hokes</b>  |   | ADDRESS<br><b>1306 Olive</b>   |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*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   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cardiac Hypertrophy (Cor. Bovinum)</b>  |  |  |   | ANTECEDENT CAUSES   |   |  |   |  |  |
|   |  |  |   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |   |  |   |  |  |
|   |  |  |   | DUE TO (b) <b>Acute Dilatation Right Heart</b>  |   |  |   |  |  |
|   |  |  |   | DUE TO (c)  |   |  |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS  |  |  |   | <b>Chronic Nephrosclerosis</b>  |   |  |   |  |  |
| Conditions contributing to the death but not related to the disease or condition causing death. <b>Cirrhosis of Liver</b>   |  |  |   |   |   |  |   | <b>434<sup>2</sup></b>   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   |  |   | 20. AUTOPSY?<br>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) (m.)  |  | 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 _____, 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)<br><b>Deputy Coroner</b>   |  |  | 23b. ADDRESS<br><b>1618 Lydia Ave</b>               |   |   | 23c. DATE SIGNED<br><b>9/26/55</b>   |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><b>Sept 28, 1955</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln</b>  |   | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b>   |   |  |  |
| DATE REC'D BY LOCAL REG.<br><b>9-27-55</b>  |  | REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b>  |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Waltham Bros. Funeral Home 8<sup>th</sup> Canton</b> |  |   |  |  |

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Bruce B. Watkins*

Licensed Embalmer No... *450*

P. O. Address... *18<sup>th</sup> Ave*

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.