

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40632**
Registrar's No. **5163**

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5163

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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 YRS.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1		e. STREET ADDRESS (If rural, give location) 924 - E - 4TH ST. 3038	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) I.	c. (Last) HOCKEY
4. DATE OF DEATH (Month) (Day) (Year) 11 26 55		5. SEX Male	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-11-75	9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEW HAVEN, MICHIGAN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOBY HOCKEY		13b. MOTHER'S MAIDEN NAME MARY	
14. NAME OF HUSBAND OR WIFE JOHANNA HOCKEY		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. JOHANNA HOCKEY	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined pending further metastatic investigation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probable primary site in large bowel. DUE TO (c) large bowel. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 1953.		19b. MAJOR FINDINGS OF OPERATION Cancer of large bowel.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 1534	
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)	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 11-25 , 1955, to 11-26 , 1955, that I last saw the deceased alive on 11-26 , 1955, and that death occurred at 12:35 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns M.D.		23b. ADDRESS 24th. & Cherry	
23c. DATE SIGNED 11-27-55		24. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 28, 1955	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 11-28-55		REGISTRAR'S SIGNATURE Preva Minshall	
25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer		ADDRESS 1331-BRUEN CREEK KANSAS CITY MO.	

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 *Albert L. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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.