

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20543**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2250

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 town) OR TOWN: KANSAS CITY		c. LENGTH OF STAY (in this place) 64 days	c. CITY OR TOWN INDEPENDENCE
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: VA HOSPITAL, KANSAS CITY		e. STREET ADDRESS (If rural, give location) 226 1/2 Sterling	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) I. c. (Last) HERSHEY		4. DATE OF DEATH (Month) (Day) (Year) May 27 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-25-97
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and State or Foreign Country) Shelton, Nebraska
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Jacob Hershey		13b. MOTHER'S MAIDEN NAME Alice Stubbart	14. NAME OF HUSBAND OR WIFE Tessie O. Hershey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 7-31-18 to 1-26-19		16. SOCIAL SECURITY NO. 497-14-0659	
17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS, KANSAS CITY, Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, right lower lobe and left lower lobe ANTECEDENT CAUSES Carcinoma of rectum, post-operative status, with skeletal metastasis DUE TO (b) Cachexia DUE TO (c) Decubitus ulcer, right hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer, right hip	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 months	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from March 24, 1956 , to May 27, 1956 , that I last saw the deceased May 27, 1956 , and that death occurred at 2:50p m. , from the causes and on the date stated above.			
23a. SIGNATURE Eugene C. Hwa MD		23b. ADDRESS VA Hospital, Kansas City, Mo	
23c. DATE SIGNED 5-28-56		23d. LOCATION (City, town, or county) (State) MISSOURI	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE MAY 29, 1956	
24c. NAME OF CEMETERY OR CREMATORY MOUND GROVE		24d. LOCATION (City, town, or county) (State) INDEPENDENCE, MISSOURI	
DATE REC'D BY LOCAL REG. 5-29-56		REGISTRAR'S SIGNATURE Neva Marshall	
25. FUNERAL DIRECTOR'S SIGNATURE Richard K. Sparks		ADDRESS Indy Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 15 1957

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 *Raymond M. Hardy*
Licensed Embalmer No. *49*

P. O. Address *Dodge*

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