

Health,
Welfare
Public
Service

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-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30761

STATE FILE NUMBER

FILED SEP 27 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3848

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u>		3148 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1012 HOLMES STR.</u>			Length of stay in 1b <u>23 YRS.</u>		14d. STREET (If outside, give location) ADDRESS <u>1012 HOLMES STREET</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>ALFONSE</u> Last <u>HOYER</u>				4. DATE OF DEATH Month <u>AUG.</u> Day <u>30</u> Year <u>1956</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 13, 1889</u>		9. AGE (In years last birthday) <u>67 1/2</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 21 HRS. Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERICAL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BEAVER TOOL CO.</u>		11. BIRTHPLACE (City and state or country) <u>EAGLE PASS, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>EDWARD JULIUS HOYER</u>				14. MOTHER'S MAIDEN NAME <u>LUCIE GROUX</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>NO</u> <u>#</u>		16. SOCIAL SECURITY NO. <u>495-10-0602A</u>		17. INFORMANT Address <u>1012 HOLMES STREET, KANSAS CITY, MO.</u> <u>MRS. SARAH EULA HOYER</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Generalized Carcinomatosis</u>		DUE TO (c) <u>Carcinoma of tongue</u>		3 1/2 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>1949</u> to <u>Aug 30, 1956</u> and last saw <u>him</u> alive on <u>Aug 30, 1956</u> . Death occurred at <u>8:30 A. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. C. Lanley</u> (Type or print) <u>W. C. Lanley</u> (Signature)				22b. ADDRESS <u>314 Angyle Bldg.</u>		22c. DATE SIGNED <u>8-31-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>SEPT 3-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE LAWN CEMETERY</u>		23d. LOCATION (City, town, or county) <u>AURORA</u>		23e. (State). <u>MISSOURI</u>		
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS, KANSAS CITY, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>9-2-56</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Chester K Brown*.....

Licensed Embalmer No. *42*

P. O. Address *KC Mo*.....

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.