

Section, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. An diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Edward C. Teubel

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1315

FILED FEB 4 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 248

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>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rockabe Murrigh House</u>			Length of stay in 1b. <u>48 yrs.</u>		d. STREET ADDRESS <u>4240 Hobby</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>CONSTANTINE</u> Last <u>HOSKINS</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>17</u> Year <u>1957</u>					
5. SEX <u>MALE</u>		6. COLOR OF RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>MAY 16, 1884</u>		9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>South Oil Co.</u>		11. BIRTHPLACE (City and state or country) <u>Grundy County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>CONSTANTINE D. HOSKINS</u>				14. MOTHER'S MAIDEN NAME <u>MARY M. DUNKAP</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-01-8274</u>		17. INFORMANT <u>Miss Charlotte Hoskins</u> Address <u>6101 Hobcote</u> <u>K.C. Mo.</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>CARDIAC Decompensation Congestive Heart Failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 Mon</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>General Arteriosclerosis Hypertensive Heart Disease</u>					<u>10 YRS.</u>		
		DUE TO (c) <u>Chronic Myocarditis</u>					<u>4 YRS.</u>		
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <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>Aug. 3, 1956</u> to <u>Jan. 2, 1957</u> and last saw <sup>her</sup> him alive on <u>JAN 2, 57</u> Death occurred at <u>800 E. _____</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) <u>Edward C. Teubel M.D.</u>				22b. ADDRESS <u>4304 Front</u>			22c. DATE SIGNED <u>Jan 17 1957</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>1-18-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RURAL DAKE</u>		23d. LOCATION (City, town, or county) (State) <u>GAHT, Missouri</u>				
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>			ADDRESS <u>K.C., MO</u>		DATE RECD. BY LOCAL REG. <u>1-18-57</u>		26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		

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 *Index*

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.