

FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35897

STATE FILE NUMBER

4997

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Conv. Home 3621 Warwick</b>		d. STREET ADDRESS <b>5735 Central</b>	
Length of stay in 1b <b>45 yrs.</b>		Reside on Form <b>Yes</b> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>FANNIE ANGELINE HOVEY</b>			4. DATE OF DEATH <b>Oct. 24, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr. 20, 1872</b>	9. AGE (In years last birthday) <b>85 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homemaker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Jones Co., Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>Charles Gilbert</b>			14. MOTHER'S MAIDEN NAME <b>Mary A. Vaughn</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>John J. Hovey</b> Address <b>5735 Central</b>		

18. CAUSE OF DEATH [Enter only one cause per type for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - <b>Cerebrovascular</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral Arteriosclerosis</b>	<b>5 yrs</b>
	DUE TO (c) <b>Carcinoma of Breast</b>	<b>332 x H</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		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 <b>July 1954</b> to <b>Oct 29, 1957</b> and last saw her alive on <b>Oct 21, 1957</b> Death occurred at <b>11:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Robert W. Hamill MD</b> (Degree or title)	22b. ADDRESS <b>4620 J. Nichols Pkwy</b>	22c. DATE SIGNED <b>10/26/57</b>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>10/28/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>
24. FUNERAL DIRECTOR <b>Geo. F. Porter &amp; Sons</b> ADDRESS <b>K.C.Ks.</b>	25. DATE RECD. BY LOCAL REG. <b>10-28-57</b>	26. REGISTRAR'S SIGNATURE <b>Reva Trinchell</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health,  
& Welfare  
Public  
ServiceS. 300  
7. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Robert W. Hamill

MEDICAL CERTIFICATION

KP  
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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.....  
*Howard L. Porter*

Licensed Embalmer No...375

P. O. Address...19th & M  
Kansas City

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