

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40706
State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 494

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived in institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> | |
| c. LENGTH OF STAY (in this place) <u>1 yr</u> | | d. STREET ADDRESS (If rural, give location) <u>706 N. Spring St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS | |
| 3. NAME OF DECEASED (First) <u>Leon</u> (Middle) <u>Melville</u> (Last) <u>Hockaday</u> | | 4. DATE OF DEATH (Month) <u>11</u> (Day) <u>22</u> (Year) <u>57</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Sept 12, 1881</u> |
| 9. AGE (In years last birthday) <u>76</u> | | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Govt</u> | 11. BIRTHPLACE (State or foreign country) <u>Miss. Co. Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Charles Hockaday</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Ellen Young</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Effie Hockaday</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Effie Hockaday</u> ADDRESS <u>706 N. Spring St.</u> | |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>6 months</u> |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) <u>Dremia</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) _____ (Min) _____ | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from Nov 22, 19 57, to Nov 22, 1957, that I last saw the deceased alive on Nov 22, 19 57, and that death occurred at 9:30 am., from the causes and on the date stated above.

| | | |
|--|---|----------------------------------|
| 23a. SIGNATURE <u>E. H. Henschel</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>10901 Winner Rd Indep. Mo</u> | 23c. DATE SIGNED <u>11/22/57</u> |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-24-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11-22-57</u> | REGISTRAR'S SIGNATURE <u>James L. Case</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. George Probst</u> ADDRESS <u>Belton Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

354

109.01 Kenner Road

8661 6 NOV 1957

NOV 27 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 _____

working under my personal supervision.

Student _____
Student Embalmer

Student Embalmer No. _____

Signed *Sterling E. Goodard*

Licensed Embalmer No. *4911*

P. O. Address *Grandview Mo.*

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 this body is not embalmed, fact should be so stated above.