

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032728

STATE FILE NUMBER

4531

FILED OCT 15 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4531

S. 300
P. 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>		Length of stay in 1b <i>1 year</i>	d. STREET ADDRESS (If outside, give location) <i>409 E. Armour</i>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <i>Vernal</i> Middle <i>M.</i> Last <i>Hobbs</i>			4. DATE OF DEATH Month <i>Sept</i> Day <i>25</i> Year <i>1958</i>	
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-22-1907</i>	9. AGE (In years) <i>51</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (City and state or country) <i>Stillwater Okla'</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Morton Steen</i>	13b. MOTHER'S MAIDEN NAME <i>Emma Fortney</i>	14. NAME OF HUSBAND OR WIFE <i>Vernon H Hobbs</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>509-18-3282</i>	17. INFORMANT <i>Vernon H Hobbs</i> Address <i>409 E Armour</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>C. V. A.</i>	INTERVAL BETWEEN ONSET AND DEATH <i>9-4-58</i>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Embolism</i>	DUE TO (c) <i>Malignant Hypertention</i>	10 yrs +
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PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Posterior Wall Infarction</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from <i>8-28-58</i> to <i>9-25-58</i> and last saw <i>her</i> alive on <i>9-25-58</i> Death occurred at <i>3:00 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Deputy or title) <i>J. L. Rowland, D.O.</i>	22b. ADDRESS <i>8129 Wornall Rd</i>	22c. DATE SIGNED <i>9-25-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-26-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	23d. LOCATION (City, town, or county), (State) <i>Kansas City Mo</i>
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24. FUNERAL DIRECTOR <i>France-Wornall Funeral Home</i> ADDRESS	25. DATE RECD. BY LOCAL REG. <i>9-25-58</i>	26. REGISTRAR'S SIGNATURE <i>Oliver Minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. L. Rowland

APR 30 1959



Embalmer No. 425

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 *Russell N. Franc*

Licensed Embalmer No. *425*

P. O. Address *KC 71*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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