

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032732
STATE FILE NUMBER
4393

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57 0

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warsaw, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp		Length of stay in 1b 11 Days	d. STREET ADDRESS (If outside, give location) R. R. # 4 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELMER Middle Last HON			4. DATE OF DEATH Month 9 Day 14 Year 1958
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 8 1892
9. AGE (In years birthday) 66		10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during month even if retired) Rev. Foreman		10b. KIND OF BUSINESS OR INDUSTRY K.C. Stockyard	11. BIRTHPLACE (City and state or country) Independence, Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME William J. Hon	
13b. MOTHER'S MAIDEN NAME Emma Brockway		14. NAME OF HUSBAND OR WIFE Delsa Ann Hon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <input checked="" type="checkbox"/> (If Yes, give where and dates of service) X		16. SOCIAL SECURITY NO. 495-01-2406	17. INFORMANT Address Mrs. Delsa Ann Hon R. R. # 4 Warsaw, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cardiac hypertrophy, diffuse infarct			5 years
DUE TO (c) Complete R Coronary Occlusion			3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4-1			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 7-1-58 to 9-14-58 and last saw her/him live on 9-14-58 Death occurred at 7:35 Pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lewis E. Soper. D.O.		22b. ADDRESS 11106 Wimmer Rd Independence Mo	
22c. DATE SIGNED 9-15-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-18-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City Missouri			
24. FUNERAL DIRECTOR Floral Hills Mem. Chapels, Inc		25. DATE RECD. BY LOCAL REG. 9-16-58	26. REGISTRAR'S SIGNATURE neva minshall

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Lewis E. Soper

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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 *[Signature]*
 Licensed Embalmer No. 3938
 P. O. Address K. E. Mc

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.