Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036425
STATE FILE NUMBER

NOV 7 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4881

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [x] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp #1 — Length of stay in 1b 48 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location) ALCAZAR HOTEL 101 WEST 39TH STREET — Reside on Farm Yes [ ] No [x]

3. NAME OF DECEASED (Type or print) First BENJAMIN Middle F Last HOEFLE
4. DATE OF DEATH Month 10 Day 14 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9-4-90
9. AGE (In years last birthday) 68 — 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) PHARMACIST - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY OWNER OF DRUG STORES
11. BIRTHPLACE (City and state or country) CANADIAN TEXAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME PAUL HOEFLE
13b. MOTHER'S MAIDEN NAME PAULINE UNKNOWN
14. NAME OF ~~HUSBAND~~ OR WIFE Lucile ~~Lucille~~ M. Hoefle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 490-30-2914A
17. INFORMANT Address MRS. LUCILE M. HOEFLE 101 WEST 39TH ST. KANSAS CITY MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic carcinoma with pathological fracture of femur
DUE TO (c) primary probably of bone 1969
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arteriosclerosis with cardiac decompensation
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Sept 17, 1958, to October 14, 1958 and last saw him alive on October 14, 1958
Death occurred at 4:48 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. I. Burns M.D.
22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 10-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE OCT-16-1958
23c. NAME OF ~~CEMETERY OR~~ CREMATORY D.W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG. 10-16-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

B. I. Burns

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 C. D. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas City

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.