

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-036562

FILED VS NOV 4 1959

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 55-68 Registrar's No. 475

RECEIVED

| | | | | | | |
|---|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Twp | | Length of stay in 1b 19 yrs. | | c. CITY OR TOWN Blue Twp. | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. N.E. Lee's Summit | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 6 Mi. N.E. Lee's Summit | |
| 3. NAME OF DECEASED (Type or print) First Howell Middle Harrison Last Hoit | | | 4. DATE OF DEATH Oct. 25, 1959 | | | |
| 5. SEX Male | 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 Sept. 3, 1889 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | 11. BIRTHPLACE (City and state or country) Wahpeton, N.D. | | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Willard C. Hoit | | 13b. MOTHER'S MAIDEN NAME Lydia Johnson | | |
| 14. NAME OF HUSBAND OR WIFE Mary Hoit | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. 495-01-9673 | | |
| 17. INFORMANT Mary Hoit, RR4, Independence, MO. | | 17. ADDRESS | | 17. ADDRESS | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hardykins Disease | | | | | INTERVAL BETWEEN ONSET AND DEATH 18 mos | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | |
| 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 April 1958 to Oct 25, 1959 and last saw him alive on April 30, 1959 Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) William F Bell M.D. | | | 22b. ADDRESS Lee's Summit, Mo | | 22c. DATE SIGNED Oct 21, 1959 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 27, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cemetery | | 23d. LOCATION (City, town, or county) (State) Blue Springs, Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home, Lee's Summit Mo. | | 25. DATE RECD. BY LOCAL REG. 10-27-1959 | | 26. REGISTRAR'S SIGNATURE James S. Gray | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *N. B. Langford Jr*

Licensed Embalmer No. *4963*

P. O. Address *Leis Summit*

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.