

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015400

FILED VS MAY 16 1960

2466

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 13 yrs.	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4809 ROANOKE PKWY Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE Joy Hollier			4. DATE OF DEATH Month Day Year MAY 3, 1960	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB 8, 1887	9. AGE (last birthday) 73 YRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PBX OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS MO.	11. BIRTHPLACE (City and state or country) ST. LOUIS MO.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JONAS M. HAMPSON		13b. MOTHER'S MAIDEN NAME ANNA HOLSTEIN		14. NAME OF HUSBAND OR WIFE WALTER J. HOLLIER

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. 497 34 9887 A	17. INFORMANT MRS. A. C. THOMAS 722 WARD PARK.
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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) arteriosclerotic heart Disease		INTERVAL BETWEEN ONSET AND DEATH 3 years
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 s.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 **6 April 1960** to **3 May 60** and last saw her ^{her} _{being} alive on **3 May 1960**
Death occurred at **11:40 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Blaine Z. Hubbard D		22b. ADDRESS 411 Nichols RD KCMO		22c. DATE SIGNED 4 May 60
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE MAY 5, 1960	23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.		25. DATE RECD. BY LOCAL REG. 5-4-60	26. REGISTRAR'S SIGNATURE neva minshall	

DOCUMENT

BY AFFIDAVIT OF Blaine Z. Hubbard MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address KC. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.