

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034807

FILED VS SEP 20 1960

149

Primary Registration District No. 1002 Registrar's No.

4498

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown Mo.		Length of stay in 1b 3 Days	c. CITY OR TOWN RAYTOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9351 E 68 TERR. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Claudus Cecil Hole			4. DATE OF DEATH Month Day Year Aug 31, 1960
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 11-9-1909
9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life.) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY Feed Industry	11. BIRTHPLACE (City and state or country) Erie, KANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Hole	13b. MOTHER'S MARRIAGE NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE Violet E. Hole		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No.	16. SOCIAL SECURITY NO. 496-01-3722
17. INFORMANT Mr. Violet E. Hole		Address 9351 E 68 Terr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CANCER OF THE LEFT LUNG Interval between ONSET AND DEATH 1 yr. 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 7/20/60 to 8/31/60 and last saw her him alive on 8/31/60 Death occurred at 1:20 p. m, on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.C. Munn		22b. ADDRESS St. Joseph Hosp.	22c. DATE SIGNED 9/1/60
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE Sept. 2, 1960	23c. NAME OF CEMETERY OR CREMATORY NEW CAMBRIA	23d. LOCATION (City, town, or county) (State) New Cambria Mo.
24. FUNERAL DIRECTOR Kepley-Hinton	ADDRESS Raytown, Mo.	25. DATE RECD. BY LOCAL REG. 9-2-60	26. REGISTRAR'S SIGNATURE H.L. Sawyer

DOCUMENT

BY AFFIDAVIT OF A. Mac Naught 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. De...
Licensed Embalmer No. 453
P. O. Address Kansas

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.