

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034813

FILED VS. OCT 14 1960

149

Primary Registration District No. 1002

Registrar's No. 4918

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb <i>few hrs.</i>		c. CITY OR TOWN Edgerton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rte. # 1	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MR. JAMES		Middle R.		Last HOSKINS		Month Day Year Sept. 29, 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 29 APR 1916	9. AGE (last birthday) 44	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, even if retired) Bakery worker		10b. KIND OF BUSINESS OR INDUSTRY Interstate Bakery		11. BIRTHPLACE (City and state or country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Hoskins			13b. MOTHER'S MAIDEN NAME EUPHAMA I. JERIGAN			14. NAME OF HUSBAND OR WIFE Chloe Hoskins	
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. 414-05-7659		17. INFORMANT Address MRS Chloe Hoskins Rt. 1 Edgerton Missouri			
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) Stroke & Hemorrhage resulting from							
DUE TO (b) Crushing injuries of dist. vert. multib. rib fracture							
DUE TO (c) laceration of esophagus with massive hemorrhage							
DUE TO (d) no statement							
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Truck car collision					
20c. TIME OF INJURY Hour Month Day, Year a.m. p.m. 9-28-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson MO	
21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. C. L. ...				22b. ADDRESS 6627 Prospect Bldg			22c. DATE SIGNED 9-29-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-29-60	23c. NAME OF CEMETERY OR CREMATORY Glacier Cemetery		23d. LOCATION (City, town, or county) (State) Norfolk Arkansas		
24. FUNERAL DIRECTOR Melody-McGilley-Eyler				25. DATE RECD. BY LOCAL REG. 9-30-60		26. REGISTRAR'S SIGNATURE H. L. Sawyer	
24. FUNERAL DIRECTOR ADDRESS 1800 E. Linwood							

DOCUMENT

BY AFFIDAVIT OF Geo. C. Kealhofer, M.D. 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 Arthur Eugene Hoover

Licensed Embalmer No. 4912

P. O. Address 162 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.