JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

5317-60-038402
STATE FILE NUMBER

NDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas city — Length of stay in 1b 31 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pettis
c. CITY OR TOWN Smithton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Grace Middle P. Last Hoehns
4. DATE OF DEATH Month 10 Day 23 Year 1960
5. SEX Female
6. COLOR OR RACE white
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH 8-9-09
9. AGE (last birthday) 51 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Pettis County, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Golden Payne
13b. MOTHER'S MAIDEN NAME Mary Hillagoss
14. NAME OF HUSBAND OR WIFE Leo Hoehns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None given
17. INFORMANT Leo Hoehns Address Smithton, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the Ovary — INTERVAL BETWEEN ONSET AND DEATH 3 mo.
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. ☐ Yes ☐ No ☐ Unknown

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 29, 1960, to Oct. 23, 1960 and last saw her alive on Oct 23 1960
Death occurred at 1:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. G. Berry M.D. Plaza Med Bldg
22b. ADDRESS Kansas City 12, Mo
22c. DATE SIGNED Oct 23 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 25, 1960
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State) Sedalia Missouri

24. FUNERAL DIRECTOR Gillespie Funeral Home ADDRESS Sedalia, Mo
25. DATE RECD. BY LOCAL REG. 10-23-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

23d Sedalia, Mo. Smithton, Mo. 1/19/61

BY AFFIDAVIT OF Funeral Director DOCUMENT

MEDICAL CERTIFICATION M. G. Berry

NOV 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 347

P. O. Address_____

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