

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045201

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 746 Primary Registration District No. 3026 Registrar's No. 2

AMENDED

FILED JAN 9 1962

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **INDEPENDENCE** Length of stay in 1b **6 DAYS**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **416 EAST COLLEGE CRESTVIEW NURSING HOME** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **JACKSON**
 c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1307 EAST 33rd STREET** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
MAE HOYT DECEMBER 29 1961

5. SEX **FEMALE** 6. COLOR OR RACE **CAUCASIAN** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **4-1-78** 9. AGE (last birthday) **73**
 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) **BOOKKEEPER** 10b. KIND OF BUSINESS OR INDUSTRY **KANSAS CITY, MO.** 11. BIRTHPLACE (City and state or country) **U. S. A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **JAMES STRICKLER** 13b. MOTHER'S MAIDEN NAME **SARAH BROWN** 14. NAME OF HUSBAND OR WIFE **WILLIAM HOYT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 17. INFORMANT **MRS. INA HENLEY** **1307 EAST 33RD ST. KANSAS CITY, 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) **Arteriosclerotic Heart Disease 10 yrs**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Hypertension** INTERVAL BETWEEN ONSET AND DEATH **2-5 yrs**
 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 **Dec 23, 1961** to **Dec 29, 1961** and last saw her alive on **Dec 29, 1961**
 Death occurred at **12:45 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Carole H. Sperry D.O.** 22b. ADDRESS **227 E. College Dr. Mo. 64108** 22c. DATE SIGNED **12/29/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **CREMATION** 23b. DATE **JAN. 2, 1962** 23c. NAME OF DEFEATRY OR CREMATORY **D.W. NEWCOMER'S SONS** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

24. FUNERAL DIRECTOR **1331 Brush Creek Blvd** 25. DATE RECD. BY LOCAL REG. **1-1-62** 26. REGISTRAR'S SIGNATURE **Alba L. Craig**

P.W. Newcomer's Sons Kansas City Mo

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Louis J. West

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

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.