

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-030372

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 3015 Registrar's No. 83

STATE FILE NUMBER

VS 300 Rev. 4/59

16001
26001
3
4 1
5 2
6
7 1
8 2
9420.1
10
11
12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

FILED SEP 6 1962

1. PLACE OF DEATH
a. COUNTY Clay

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs Length of stay in 1b 29 years

c. CITY OR TOWN Excelsior Springs Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 616 St. Louis Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 616 St. Louis Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Hannah Alida Hockensmith July 24 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/21/1886 9. AGE (last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical Nurse & Housewife 10b. KIND OF BUSINESS OR INDUSTRY Holdrege, Nebr. 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Andrew P. Anderson 13b. MOTHER'S MAIDEN NAME Alida Carlson 14. NAME OF HUSBAND OR WIFE J.E.Hockensmith (dec.)

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. No. 17. INFORMANT Esther Anderson, 616 St. Louis, Ex. Spg Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis
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 June 36 to July 24, 1962 and last saw her alive on 24 July 1962
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George E. Sanders M.D. 22b. ADDRESS Excelsior Springs, Mo. 22c. DATE SIGNED 7-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/27/1962 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO.

24. FUNERAL DIRECTOR Chas. Virgil Hope, Ex. Spg. Mo. ADDRESS 8-20-62 25. DATE RECD. BY LOCAL REG. Caroline Hatching 26. REGISTRAR'S SIGNATURE

USE BLACK INK OR TYPEWRITER RIBBON

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P.O. Address Excelsior Springs, 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.