

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042686

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5813

FILED NOV 29 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF  
James W. Downey  
MEDICAL CERTIFICATION

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |   | Length of stay in 1b<br><u>70 yrs</u>   | c. CITY OR TOWN <u>Kansas City</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>3606 Warwick</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>3606 Warwick</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>AGNES E. HOBAN</u>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>Nov. 16 1962</u>  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>5-24-1889</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>mender</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Batchelor Laundry</u>   | 9. AGE (last birthday)<br><u>73</u><br>IF UNDER 1 YEAR: Months Days<br>IF UNDER 24 HR: Hours Min.  |
| 11. BIRTHPLACE (City and state or country)<br><u>Mexico, Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Richard Hoban</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Catherine Crawford</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 17. INFORMANT Address<br><u>Miss Ola Hoban, 3606 Warwick</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u><br>DUE TO (b) <u>Generalized Arteriosclerosis</u><br>DUE TO (c) <u>Coronary Sclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs</u><br><u>5 yrs.</u><br><u>3 yrs.</u>  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m. p.m.   |   | 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 <u>8/23 93</u> to <u>11-16-62</u> and last saw her alive on <u>11-16-62</u><br>Death occurred at <u>4:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>James W. Downey M.D.</u>   |   | 22b. ADDRESS<br><u>425 - E 63rd K.C. Mo</u>   | 22c. DATE SIGNED<br><u>11-19-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>11-20-1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>MELLODY-MCGILLEY-EYLAR FUNERAL</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-19-62</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>  |

HOME - Woodland-Linwood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

Dr. James Sawyer  
425E63

Ne 3-7975

PM  
1-4 Nov

**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 James E Hochlema

Licensed Embalmer No. MO 4575

P. O. Address Kansas City 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.