

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1138

1138

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3319 E. 9th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHEAST HOSPITAL</u>		31880	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>DALTON</u> c. (Last) <u>HOARE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 12 1955</u>		
5. SEX <u>D</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>JAN. 18, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WEIGH MASTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL INDUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MINERAL POINT, WISCONSIN</u>	
13a. FATHER'S NAME <u>RICHARD D. HOARE</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>MARGARET J. HOULIHAN HOARE</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-10-1751</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank E. Day</u> ADDRESS <u>7208 Canturbury</u>	
--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Amaciation</u>				162+	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 27, 1955, to Mar 12, 1955, that I last saw the deceased alive on Mar 12, 1955, and that death occurred at 9:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Day D.D.</u> (Degree or title)		23b. ADDRESS <u>4314 E 9th, K.C. Mo</u>		23c. DATE SIGNED <u>3-12-55</u>	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u>		24d. LOCATION (City, town, or county) (State) <u>J.C. Mo</u>	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <u>3-14-55</u>		REGISTRAR'S SIGNATURE <u>Neva Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sheil FUNERAL Home K.C. Mo</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Frank E. Day

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

Student Embalmer

Signed

Thomas A. Sheil

Licensed Embalmer No. 4954

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 this body is not embalmed, fact should be so stated above.