

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24833
State File No.
3406

43021-53
FILED JUL 24 1953

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

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| 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 OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (In this place) <u>life</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3588</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>4428 Cypress</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) _____ c. (Last) <u>Haase</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 53</u> |
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|--------------------|-------------------------------|---|---------------------------------|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>6-25-53</u> | 9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Julius Henry Haase Jr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Frances Margaret Schuble</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Frances Haase</u> ADDRESS <u>4428 Cypress</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <u>5 1/2 mos.</u> 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. | | 776X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 6-25, 1953, to 6-25, 1953, that I last saw the deceased alive on 6-25, 1953, and that death occurred at 8:35 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. Acheson M.D.</u> | 23b. ADDRESS <u>3850 Perfect</u> | 23c. DATE SIGNED <u>7-3-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Retained</u> | 24b. DATE <u>6-25-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | 24d. LOCATION (City, town, or county) (State) <u>Research Hosp. M-Cm</u> |
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| DATE REC'D BY LOCAL REG. <u>7-8-53</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Research Hosp. Kansas City, Mo.</u> ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.