

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27673**  
**3784**

FILED AUG 27 1954

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>26 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1524 CHARLOTTE ST.</b>				f. STREET ADDRESS (If rural, give location) <b>1524 CHARLOTTE STREET</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>HAYDEN</b> b. (Middle) <b>IRA</b> c. (Last) <b>SANDERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 31 1954</b>					
5. SEX <b>D</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAR 27 1885</b>		
9. AGE (In years last birthday) <b>69</b>		if UNDER 1 YEAR Months		if UNDER 1 DAY Days		if UNDER 1 HR. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>VOGUE SHOPS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ATLANTA GEORGIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS SANDERS</b>			13b. MOTHER'S MAIDEN NAME <b>CORA HONEYCUTT</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. CORA SANDERS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>495-05-7352</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. CORA SANDERS</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Heart Disease</b>  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.  <b>4200</b>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:55 A.M.</b> , from the causes and on the date stated above.								
23. SIGNATURE <b>Geo. C. Kahlhofer</b> (Degree or title) <b>Geo. C. Kahlhofer, Deputy Coroner</b>				23b. ADDRESS <b>4050 Bennington Ave</b>		23c. DATE SIGNED <b>8-1-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AUG-3-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREEN LAWN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>8-3-54</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>DW. Newcomer</b> <b>1331885334 GREEN</b> <b>100 Kansas City Mo.</b>				

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.....  
Signature of Student Embalmer

Signed *John B. Levia*.....  
Licensed Embalmer No. 487.....

P. O. Address *KCMO*.....

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.