

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13281

State File No. \_\_\_\_\_

FILED MAY 10 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1717

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. LENGTH OF STAY (In this place) <u>35 YEARS</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Memorial Medical Center</u>		e. STREET ADDRESS (If rural, give location) <u>4643-TRACY AVENUE</u>	<u>3000</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eileen</u> b. (Middle) <u>H.</u> c. (Last) <u>HAFNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>19</u> <u>56</u>							
5. SEX <u>FE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-25-1918</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>CHICAGO - ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>SAMUEL J. WORLEY</u>	13b. MOTHER'S MAIDEN NAME <u>LILLIAN BRUNK</u>	14. NAME OF HUSBAND OR WIFE <u>ROBERT C. HAFNER</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>496-10-0253</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT C. HAFNER</u> ADDRESS <u>4643 TRACY AVE KANSAS CITY, MO.</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, ashenia, 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>CARDIAC DECOMPENSATION</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Rheumatic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Low SALT Syndrome</u>			<u>416+</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 4-18, 1956, to 4-19, 1956, that I last saw the deceased alive on 4-19, 1956 and that death occurred at 12:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>David Wadman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>4 Poydras</u>	23c. DATE SIGNED <u>4-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR-21-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>4-20-56</u> <u>Neva Marshall</u>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Hewes</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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 *Edward M. Sto*.....

Licensed Embalmer No. *40*.....

P. O. Address *Kell*.....

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.