

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13153  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1680

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |  |
| c. LENGTH OF STAY (in this place)<br><b>54 yrs</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>1518 White</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>529 Highland Ralph Clinic</b>                          |  |   |  |

|   |                           |                         |   |
|---|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b> | b. (Middle) <b>Roscoe</b> | c. (Last) <b>Haines</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Apr. 10, 1957</b> |
|---|---------------------------|-------------------------|---|

|                    |                               |  |  |   |                          |                        |                          |      |
|--------------------|-------------------------------|--|--|---|--------------------------|------------------------|--------------------------|------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Dec. 19, 1892</b> | 9. AGE (In years last birthday) <b>64</b> | # UNDER 1 YEAR<br>Months | # UNDER 4 HRS.<br>Days | # UNDER 15 MIN.<br>Hours | Min. |
|--------------------|-------------------------------|--|--|---|--------------------------|------------------------|--------------------------|------|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Tool Maker</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>National Products</b> | 11. BIRTHPLACE (State or foreign country)<br><b>Albuquerque, N. Mex.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b> |
|--|---|--|--|

|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br><b>Unknown</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Mary C. Haines</b> |
|--------------------------------------|---|--|

|   |   |  |                              |
|---|---|--|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>488-01-8352</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mary C. Haines</b> | ADDRESS<br><b>1518 White</b> |
|---|---|--|------------------------------|

|   |  |  |  |
|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHO PNEUMONIA. CARDIAC FAILURE</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>NOT KNOWN</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <b>ALCOHOLISM (D.T.)</b> |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) | 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 4-9-57 1957, to 4-10, 1957, that I last saw the deceased alive 4-10, 1957, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

|   |                             |  |                                    |
|---|-----------------------------|--|------------------------------------|
| 23a. SIGNATURE<br><b>Ralph Emerson Duncan</b> | (Degree or title) <b>MD</b> | 23b. ADDRESS<br><b>529 Highland Kansas City Mo</b> | 23c. DATE SIGNED<br><b>4/10/57</b> |
|---|-----------------------------|--|------------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 24a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>4/12/57</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill Ceme.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |
|---|-----------------------------|--|---|

|  |   |  |   |
|--|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>4-11-57</b> | REGISTRAR'S SIGNATURE<br><b>Neve Marshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Earp &amp; Sons</b> | ADDRESS<br><b>4139 Truman Rd. K.C. Mo</b> |
|--|---|--|---|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Ralph Emerson Duncan M. D.



**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 \_\_\_\_\_

*William H. Egan*

Licensed Embalmer No. \_\_\_\_\_

*4728*

P. O. Address \_\_\_\_\_

*J. E. Mc.*

**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.