

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043962

STATE FILE NUMBER 6097

FILED JAN 14 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6097

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3726 Garfield</i>	Length of stay in lb <i>65 yrs.</i>	d. STREET ADDRESS <i>3726 Garfield</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>HATTIE BAIN</i>	First Middle Last	4. DATE OF DEATH <i>Dec. 24, 1958</i>	Month Day Year
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Approx 66 yrs</i>	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) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>--</i>	11. BIRTHPLACE (City and state or country) <i>Wichita, Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>
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13a. FATHER'S NAME <i>Frank Lehner</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Pressberger</i>	14. NAME OF HUSBAND OR WIFE <i>Sol Bain</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>--</i>	17. INFORMANT <i>Sol Bain, 3726 Garfield, K.C., Mo.</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Several years.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic Heart Disease.</i>	
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>4200</i>
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>Jan. 1947</i> , to <i>Dec 29, 1958</i> and last saw her alive on <i>Dec 18, 1958</i> Death occurred at <i>4:45 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Martin P. Hunter M.D.</i>	(Degree or title)	22b. ADDRESS <i>1408 Waldheim Blvd</i>	22c. DATE SIGNED <i>12/25/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-26-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
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24. FUNERAL DIRECTOR <i>J.P. Louis Funeral Home, K.C., Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>12-25-58</i>	26. REGISTRAR'S SIGNATURE <i>neva marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Martin P. Hunter

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 *Guy Buffington*

Licensed Embalmer No. *2756*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting:
If this body is not embalmed, fact should be so stated above.