

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41126

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5355	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) 6 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, 3, Rural		d. STREET ADDRESS (If rural, give location) 922 HAWTHORNE STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION SMR NURSING HOME 4				d. STREET ADDRESS (If rural, give location) 922 HAWTHORNE STREET			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ADELINE B		c. (Last) HAUG		4. DATE OF DEATH (Month) (Day) (Year) DEC-15-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED WIDOWED		8. DATE OF BIRTH MARCH-15-1889	
9. AGE (In years last birthday) 60 YRS		10. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) MARYSVILLE, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) MARYSVILLE, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HENRY MARTIN BOHL		13b. MOTHER'S MAIDEN NAME CORNELIA ANN SHELTON		14. NAME OF HUSBAND OR WIFE OTTO HAUG			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. O. J. LEIHY 922 HAWTHORNE ST. KANSAS CITY, 3, MO.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)					
		DUE TO (c)				150	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of alcoholism				HO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Aut & Dissection				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 6:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree, or title)				23b. ADDRESS 1030 Prairie Blvd		23c. DATE SIGNED 12-16-49	
24. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE DEC-17-1949		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
DATE REC'D BY LOCAL REG 12-17-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Albert L. Savage

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert L. Savage*
Student Embalmer *360*

Signed *John C. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.