

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3394</u>			
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) OR TOWN Kansas City, Mo		c. LENGTH OF STAY (In this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri		d. STREET ADDRESS (If rural, give location) 5421 The Paseo			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5421 The Paseo				4. DATE OF DEATH (Month) (Day) (Year) 8--6--1950					
3. NAME OF DECEASED (Type or Print) a. (First) Miss Helen Gould		b. (Middle)		c. (Last) HATHAWAY					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 11-27-1894			
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designer (Self)			10b. KIND OF BUSINESS OR INDUSTRY Hats & Stockings			11. BIRTHPLACE (State or foreign country) Leavenworth Kansas			
12. CITIZEN OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Findley D. Hathaway			13b. MOTHER'S MAIDEN NAME Marie Elbert			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-30-7133		17. INFORMANT'S SIGNATURE OR NAME W.R. Hathaway			
ADDRESS Denver, Colorado									
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 4201	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.					
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) (Min.)		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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Bo. C. Kealhofer MD (Degree or title)				23b. ADDRESS 3447 West 17 St, KC, Mo		23c. DATE SIGNED 8-7-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-8-1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie Cemetery		24d. LOCATION (City, town, or county) (State) Leavenworth Kansas			
DATE REC'D BY LOCAL REG. 8-8-50		REGISTRAR'S SIGNATURE Geraldine Helmes		25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home		ADDRESS K.C. Mo.			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Russell N. France

Signed.....

Student Embalmer

Licensed Embalmer No. 4255

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 this body is not embalmed, fact should be so stated above.