

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37055

4554

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1001</u>   |  | Registrar's No. <u>4554</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  |  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  |   |  |
| c. LENGTH OF STAY (in this place) <u>Two Days</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>2637 North Mill Street</u>  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>  |  |  |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>HOWARD</u>   |  | b. (Middle) <u>F.</u>  |  | c. (Last) <u>HASSETT</u>  |  |
|   |  |  |  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>October 27 1950</u>                                   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>June 21, 1886</u>   |  |
|   |  |  |  |  |  | 9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Mins. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Service Co.</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Lawrence, Kansas</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>John Hassett</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Howard</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>Mary Hassett</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War No. I</u>   |  | 16. SOCIAL SECURITY NO. <u>487-10-8932</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Hassett, 2637 N. Mill</u>   |  | ADDRESS <u>K.C.K.</u>   |  |
| 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.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u><br>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) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. _____ |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4201</u>   |  |
| 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 <u>10-25</u> , 19 <u>50</u> , to <u>10-27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct. 27</u> , 19 <u>50</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above. |  |  |  |  |  |   |  |
| 23a. SIGNATURE <u>J. S. Bourke</u> (Degree or title) <u>MD</u>  |  |  |  | 23b. ADDRESS <u>Kansas City, Missouri</u>  |  | 23c. DATE SIGNED <u>Oct. 28/50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |  | 24b. DATE <u>Oct. 30, 1950</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>                          |  |
| DATE REC'D BY LOCAL REG. <u>10-30-50</u>  |  | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. A. Butler's Sons, Kansas City, Kansas</u>   |  | ADDRESS <u>Kansas City, Kansas</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

NOV 18 1950

**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.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

**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.