

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22119**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>722</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give townshp) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		<u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2004 Mulberry Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Sykes</u> c. (Last) <u>Haworth</u>			4. DATE OF DEATH <u>July 5, 1951</u> (Month) (Day) (Year)				
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>Febr. 20, 1905</u>		9. AGE (In years last birthday) <u>46</u> # UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Front Estimator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Urb. CO. DUSTRY Pittsburg Paint &</u>		11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard G. Haworth</u>		13b. MOTHER'S MAIDEN NAME <u>Gappatola Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Loretta K. Haworth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-10-6730</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Loretta K. Haworth St. Joseph, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebrovascular Accident</u> <u>Haemorrhage</u> DUE TO (b) <u>Hypertention</u> <u>Type Cause undetermined</u> DUE TO (a) II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					20. AUTOPSY? 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) (m.)		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>7-4</u> <u>1951</u> , to <u>7-5</u> , 1951, that I last saw the deceased alive on <u>7-5</u> , 1951, and that death occurred at <u>10:50P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm B Rootm D</u>			23b. ADDRESS <u>510 Corby Bldg</u>			23c. DATE SIGNED <u>7-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 9, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Wyandotte County, Kansas.</u>		
DATE REC'D BY LOCAL REG. <u>July 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. East</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>North St. Joseph, Mo.</u>			

(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~~ *****

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Raymond A. Perch

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.