

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41622

FILED DEC 26 1951

State File No. 5254

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson	b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	a. STATE Missouri	b. COUNTY Jackson
c. LENGTH OF STAY (In this place) -		c. CITY (If outside corporate limits, write RURAL and give township) Lee's Summit	0480 X1
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke's Hospital		d. STREET ADDRESS (If rural, give location) R 13 Lake Lotawana	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Herman	c. (Last) Haase	4. DATE OF DEATH (Month) (Day) (Year) Dec 6 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 4, 1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept Head	10b. KIND OF BUSINESS OR INDUSTRY Richardson Over Hardware Co.	11. BIRTHPLACE (State or foreign country) Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William F Haase	13b. MOTHER'S MAIDEN NAME Anna Weiss	14. NAME OF HUSBAND OR WIFE Mrs Virginia Haase
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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) No	16. SOCIAL SECURITY NO. 495-09-5475	17. INFORMANT'S SIGNATURE OR NAME Mrs Virginia Haase	ADDRESS Lake Lotawana Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		153X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism		

19a. DATE OF OPERATION Nov 20 51	19b. MAJOR FINDINGS OF OPERATION Perforating Carcinoma of Sigmoid	20. AUTOPSY! YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from October 15, 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms MD	(Degree or title)	23b. ADDRESS 4635 Wyandotte, K City, Mo	23c. DATE SIGNED 12/7/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)	24b. DATE DEC-8-51	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
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DATE REC'D BY LOCAL REG. 12-7-51	REGISTRAR'S SIGNATURE Geraldine Helms	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons	ADDRESS Kansas City Mo
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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:

John R. Sidman
.....
Licensed Embalmer No. *4531*
.....
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.