

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8394**
1451

APR 5 1952

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</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>8 yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2010 Cypress Ave</u>		d. STREET ADDRESS (If rural, give location) <u>2010 Cypress Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dempsey</u> b. (Middle) <u>Elliott</u> c. (Last) <u>Haworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 27 1952</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>Dec 15 1872</u>		9. AGE (In years last birthday) <u>79</u>
10a. USUAL OCCUPATION (Give kind of work done and dates of service if retired) <u>Pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED - 6 YEARS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Dexter Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Richard Haworth</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Crow</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ANN Haworth</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-14-6124A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norris C. Haworth</u> ADDRESS <u>2010 Cypress KC Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>				
		DUE TO (c) <u>Senility</u>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				<u>4201</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 March 17, 1952, to March 27, 1952, that I last saw the deceased alive on March 26, 1952, and that death occurred at 10:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph Perry MD</u> (Degree or title)		23b. ADDRESS <u>4800 East 24</u>		23c. DATE SIGNED <u>3-28-52</u>	
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OTTAWA KANSAS</u>	
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DATE REC'D BY LOCAL REG. <u>3-29-52</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcome's Sons</u> ADDRESS <u>1331. BROUGH CREEK KANSAS CITY, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Elmer Thomas

Licensed Embalmer No. 2640

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.