

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20467

State File No. _____

2886

FILED JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2886

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) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>5 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>25608</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3335 Montgall Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>3335 Montgall Avenue</u>	
3. NAME OF DECEASED a. (First) <u>KATE</u> b. (Middle) <u>CALISTA</u> c. (Last) <u>HACKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>July 4, 1880</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Nemaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis H. Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Calista Sheldon</u>	
14. NAME OF HUSBAND OR WIFE <u>William J. Hacker</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John L. Hacker, 3335 Montgall, K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HODGKINS DISEASE</u> ANTECEDENT CAUSES DUE TO (b) <u>UREMIA</u> 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 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) (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>NOVEMBER, 1951</u> , to <u>JUNE 22, 1952</u> , that I last saw the deceased alive on <u>JUNE 21, 1952</u> , and that death occurred at <u>4:05 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Max Goldman</u> (Degree or title)		23b. ADDRESS <u>1618 Professional Bldg</u>	
23c. DATE SIGNED <u>June 25 '52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>June 25, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McMoriah Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer Sons, Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-25-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</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

Edward M. Storey

Licensed Embalmer No. 4452

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.