

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24775  
Registrar's No. 130

FILED JUL 29 1952

048

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 5-5-72		Registrar's No. 130	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL Prairie</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Grain Valley</b>		c. CITY OR TOWN <b>Grain Valley</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Jackson Co. Emergency</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>Francis</b>		b. (Middle) <b>Joy</b>		c. (Last) <b>Hare</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 15, 1952</b>	
(Type or Print)							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 28-1862</b>	
9. AGE (In years last birthday) <b>89</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>	
11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Albert J. Hare</b>		13b. MOTHER'S MAIDEN NAME <b>E. A. Broman</b>	
14. NAME OF HUSBAND OR WIFE <b>ANNA LASTELLA HARE</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Myrtle Ballinger</b>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <b>Grain Valley, Mo.</b>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <b>senility</b>					
		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)		21. HOW DID INJURY OCCUR? <b>491-X</b>	
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"/>					
22. I hereby certify that I attended the deceased from <b>14 July</b> , 1952, to <b>15 July</b> , 1952, that I last saw the deceased alive on <b>13 July</b> , 1952, and that death occurred at <b>11:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John C. Gummuschein MD</b>				23b. ADDRESS <b>Independence, Mo</b>		23c. DATE SIGNED <b>15 July 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-18-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, MO</b>	
DATE RECD BY LOCAL REG. <b>7-16-52</b>		REGISTRAR'S SIGNATURE <b>Donald C. Larnach</b>		GENERAL DIRECTOR'S SIGNATURE <b>Poland</b>		ADDRESS <b>Independence, Mo</b>	

JUL 24 REC'D

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 \_\_\_\_\_

*Raymond M. Hardy*

Student Embalmer No. *452*

working under my personal supervision.

Student

*Raymond M. Hardy*  
Student Embalmer

Signed

*Poland B. Jenkins*  
Licensed Embalmer No. *3604*

P. O. Address

*Indep., 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.