

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28074**
3737

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 56 YRS.		d. STREET ADDRESS (If rural, give location) 1035 West Meyer Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) JOSEPH c. (Last) HASKELL			4. DATE OF DEATH (Month) (Day) (Year) 8 - 20 - 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 8, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICE-PRES. & EDITOR		10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY STAR		11. BIRTHPLACE (City and State or Foreign Country) OHIO	
12. CITIZENRY OF WHAT COUNTRY? USA					

13a. FATHER'S NAME HENRY C. HASKELL		13b. MOTHER'S MAIDEN NAME MARGARET BELL		14. NAME OF HUSBAND OR WIFE AGNES LEE HASKELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-05-4500		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HENRY C. HASKELL -4500 ROCKHILL TERRACE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Multiple Thrombosis of the Blood Vessels of the Myocardium and Gall Bladder (b) Rupture of the Gall Bladder (c) Viral Enteritis (toxic)		INTERVAL BETWEEN ONSET AND DEATH 12 days 8 days 4 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (e) Congestive Heart Disease due to arteriosclerotic coronary artery disease		II. OTHER SIGNIFICANT CONDITIONS 4 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5 11		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **April 6, 1944**, to **Aug. 20, 1952**, that I last saw the deceased **alive on Aug. 20, 1952**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title) MD		23b. ADDRESS 1220 Professional Kansas City, Mo.		23c. DATE SIGNED Reg. 8-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-22-52		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.					

DATE REC'D BY LOCAL REG. 8-22-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. J. Johnson
no. 8180

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 Francis Walton

Licensed Embalmer No. 2744

P. O. Address R. C. and

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.