

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17250

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>Callaway 01432</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u>		c. LENGTH OF STAY (In this place) <u>146 mo</u>	c. CITY OR TOWN <u>Kans City</u> <small>Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 3398</small>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>		e. STREET ADDRESS (If rural, give location) <u>2624 Brooklyn 1</u>	

3. NAME OF DECEASED (Type or Print) <u>FRED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1953</u>			
a. (First)	b. (Middle)		c. (Last) <u>HANEY</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>2 negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>Oct 6-1894</u>	9. AGE (In years last birthday) <u>58</u>	10. IF UNDER 1 YEAR <u>5</u> Months	11. IF UNDER 4 HRS. <u>18</u> Hours
10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <u>cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>dK</u>	13b. MOTHER'S MAIDEN NAME <u>dK</u>	14. NAME OF HUSBAND OR WIFE <u>Ellie Haney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dK</u>	16. SOCIAL SECURITY NO. <u>dK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellie Haney</u>	18. ADDRESS <u>2624 Brooklyn</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Syphilis, central nervous system meningovascular type with psychosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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"/>
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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 5-23, 1953 to 5-24, 1953, that I last saw the deceased alive 5-24, 1953 and that death occurred at 4 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry Fowler MD</u>	(Degree or title)	23b. ADDRESS <u>State Hos Hulton Mo</u>	23c. DATE SIGNED <u>5-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/29/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 24 1953</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walker Bros</u>	ADDRESS <u>13th</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1953

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.....
Signature of Student Embalmer

Signed *Bruce Riley Watkins*

Licensed Embalmer No. 4500

P. O. Address 1801 1/2 Benton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.