

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28579  
3857

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
---	--	--	--

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>49 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--	------------------------------------	---

d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1123 Troost</b>	e. STREET ADDRESS (If rural, give location) <b>1123 Troost</b>	<b>3168</b>
--	--	-------------

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) _____ c. (Last) <b>DE HAAS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 4, 1953</b>
--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>12-6-76</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____	IF UNDER 15 MIN. Min. _____
----------------------	-------------------------------	---	---------------------------------	---	------------------------------	----------------------------	------------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>Wm. Sansom</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Morris</b>	14. NAME OF HUSBAND OR WIFE <b>Orrin DeHaas</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>1-93-12-1122</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wm. J. DeHaas</b>	ADDRESS <b>1123 Troost, KC, Mo.</b>
--	---	--	-------------------------------------

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) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension &amp; arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> <b>years</b> <b>years</b> <b>331X</b>
---	---	--	---

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) (Minute) _____	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 July, 1952, to Aug. 4, 1953 that I last saw the deceased alive on Aug. 3, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>R. S. Long</b> (Degree or title) <b>D</b>	23b. ADDRESS <b>4800 E. 24th</b>	23c. DATE SIGNED <b>8-4-53</b>
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-6-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <b>8-4-53</b>	REGISTRAR'S SIGNATURE <b>Steldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>	ADDRESS <b>Kansas City, Mo.</b>
--	---	---	---------------------------------

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

Dr. P. A. Strong  
4800 E. 24th  
Be. 5949

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 *Melvin Barton*.....

Licensed Embalmer No. *490*.....

P. O. Address *19 C M*.....

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.