

STANDARD CERTIFICATE OF DEATH

State File No. **28647**
4218

FILED SEP 15 1953

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

1. PLACE OF DEATH a. COUNTY Ja ckson		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) 15 yrs		d. STREET ADDRESS (If rural, give location) 1333 1/2 Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION Police Headquarters		3288	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) John c. (Last) Hassenplug		4. DATE OF DEATH (Month) (Day) (Year) 8-26-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 22, 1925
9. AGE (In years last birthday) 28		10. KIND OF BUSINESS OR INDUSTRY Film Disbt.	11. BIRTHPLACE (City and State or Foreign Country) Valparaso, Nebraska
10a. USUAL OCCUPATION (Give kind of work done during part of week if open if retired) Truck Driver		12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME Ralph M. Hassenplug	13b. MOTHER'S MAIDEN NAME Agnes Bartek	14. NAME OF HUSBAND OR WIFE Divorced.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. Unknown at Present
17. INFORMANT'S SIGNATURE OR NAME Ralph Hassenplug, K. C., MO. ADDRESS _____		

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marsine Subdural Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2983
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Skull		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Nonvicious	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Truck	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 26 53	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Struck by hammer on bartending

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Cornet	23b. ADDRESS 1034 Peoria Blvd	23c. DATE SIGNED 8-27-53
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 8-29-53	24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cem
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 8-28-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE H. Tigerman & Sons, K.C., Mo. ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 11 1957

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..... *W. LeRay Mooney*

Licensed Embalmer No. 4776

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.