

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4853**

8676-54  
FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **786**

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

<b>I. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b>		<b>2. USUAL RESIDENCE</b> (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. 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"/> -98
c. LENGTH OF STAY (in this place) <b>30 HRS. 15 MIN.</b>		e. STREET ADDRESS (If rural, give location) <b>4428 CYPRESS AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>ALAN</b> b. (Middle) <b>WADE</b> c. (Last) <b>HAASE</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>FEB 18, 1954</b>	
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>NEVER MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>FEB. 17, 1954</b>
<b>9. AGE</b> (In years last birthday) <b>1</b> If UNDER 1 YEAR Months <b>1</b> Days <b>6</b> If UNDER 2 HRS. Hours <b>15</b> Min.	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>JULIUS HAASE</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>FRANCES SCHUBLE</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>JULIUS H. HAASE</b> ADDRESS <b>4428 CYPRESS AVE. KANSAS CITY MO.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Adenocarcinoma</b>		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) <b>Prematurity &amp; Immaturity</b> DUE TO (c) <b>Placental Intra-uterine Hemorrhage</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>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 _____, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Russell W. Kerr</b> (Degree or title) <b>MD</b>		<b>23b. ADDRESS</b> <b>St. Joseph Hosp.</b>	<b>23c. DATE SIGNED</b> <b>19 Feb 54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>FEB 20 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Olivet Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>2-20-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>D.H. Newcomer's Sons</b> ADDRESS <b>1331. BASH CREEK KANSAS CITY, MO.</b>	

---

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 *Albert L. Savage*

Licensed Embalmer No. *481*

P. O. Address *Kansas*

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.