

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18957**  
**2418**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2418

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>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"/> |
| c. LENGTH OF STAY (In this place) <b>45 yrs</b>   |  | e. STREET ADDRESS (If rural, give location) <b>3536 Highland</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3536 Highland</b>                                    |  |   |   |

|  |                           |   |  |  |   |                            |
|--|---------------------------|---|--|--|---|----------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>C.</b> c. (Last) <b>Haungs</b> |                           |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>5 28 54</b>                   |  |   |                            |
| 5. SEX <b>Fe</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>12-25-1882 1885</b>                                | 9. AGE (In years last birthday) <b>71 68</b> | IF UNDER 1 YEAR Months Days             | IF UNDER 2 HRS. Hours 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 <b>Home</b>                         | 11. BIRTHPLACE (City and State or Foreign Country) <b>Peoria, Ill.</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |                            |

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|--|--|---|
| 13a. FATHER'S NAME <b>Patriok Ward</b> | 13b. MOTHER'S MAIDEN NAME <b>Alice Gleason</b> | 14. NAME OF HUSBAND OR WIFE <b>Edward H. Haungs</b> |
|--|--|---|

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E.H. Haungs 3536 Highland Kemo.</b> |  |
|---|-------------------------------------|--|--|

|  |  |                                    |  |                                  |  |
|--|--|------------------------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION              |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarct</b>   |  | DUE TO (b) <b>Coronary Disease</b> |  | <b>sudden</b>                    |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c) <b>Aterio Sclerosis</b> |  | <b>2 years</b>                   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.          |  |                                    |  | <b>2 years</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) (Min.) | 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 1952, 1952, to 5-28, 1954, that I last saw the deceased alive on 5-28, 1954, and that death occurred at 12:00 P. m., from the causes and on the date stated above.

|  |                                |                                 |
|--|--------------------------------|---------------------------------|
| 23a. SIGNATURE <b>C. B. Tasker</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>1103 Grand</b> | 23c. DATE SIGNED <b>5-28-54</b> |
|--|--------------------------------|---------------------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>6-1-54</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City MO.</b> |
|---|-------------------------|--|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>5-29-54</b> | REGISTRAR'S SIGNATURE <b>Seraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar KCMO.</b> |
|---|--|---|

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

*Havings*

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 *Arthur Eugene Hoover*

Licensed Embalmer No. *49*

P. O. Address *K. C.*

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.