

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23021**

FILED JUL 23 1954

Registrar's No. **2918**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

<b>1. 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 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>25 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>3220 7240 HARDESTY AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HARDESTY AVENUE NURSING HOME</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>BUELL</b>	b. (Middle) <b>VISTA</b>	c. (Last) <b>HAYNES</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>JUNE 27, 1954</b>
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<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>WIDOWED 2</b>	<b>8. DATE OF BIRTH</b> <b>SEPT. 19, 1877</b>	<b>9. AGE</b> (In years last birthday) <b>76</b>	<b>10. IF UNDER 1 YEAR</b> Months _____ Days _____	<b>11. IF UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>DOMESTIC</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>BOULDER COUNTY, KENTUCKY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>JOSIEB WADE</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>DORA JAMES</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>LESLIE HAYNES</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Y or N, no. or unknown) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>-</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>MR. DAVE E. HAYNES</b>	<b>ADDRESS</b> <b>3240 HARDESTY AVENUE, KANSAS CITY, MISSOURI</b>
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<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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>UNKNOWN</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Chronic Myocarditis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Generalized Sclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Sclerosis</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<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>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** **MAY 18, 1954**; to **6-27, 1954**, that I last saw the deceased alive on **6-10, 1954**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>P. A. Kienberger</b>	<b>23b. ADDRESS</b> <b>5246 ST. TOWN</b>	<b>23c. DATE SIGNED</b> <b>6-28-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>REMOVAL</b>	<b>24b. DATE</b> <b>JUNE 28, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>LEBANON CEMETERY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>MORGANTOWN KENTUCKY</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>6-29-54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Seraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>N.M. Newcomer</b>	<b>ADDRESS</b> <b>1321 BENTLEY CREEK KANSAS CITY, MISSOURI</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 John B. Lewis.....

Licensed Embalmer No. 487

P. O. Address K.C.M.O.

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.