

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18686

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2670

1. PLACE OF DEATH a. COUNTY Jackson		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. LENGTH OF STAY (in this place) 14 yrs.	c. CITY OR TOWN Kansas City 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 Osteopathic Hospital		STREET ADDRESS (If rural, give location) 2720 Peery	

3. NAME OF DECEASED (Type or Print)	a. (First) Almon	b. (Middle) A.	c. (Last) Haas	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 19, 1906	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 48	IF UNDER 2 HRS. Days 48	IF UNDER 2 HRS. Hours 48	IF UNDER 2 HRS. Min. 48
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Dept. Montgomery Ward	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Galena, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME George Haas	13b. MOTHER'S MAIDEN NAME Myrtle Adams	14. NAME OF HUSBAND OR WIFE Mary Haas
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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. 492-18-0368	17. INFORMANT'S SIGNATURE OR NAME Mary Haas	ADDRESS 2720 Peery
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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		INTERVAL BETWEEN ONSET AND DEATH 2 mo 148 h
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Pericarditis of the heart		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1951 to 20 June 1955, that I last saw the deceased alive on 20 June 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE W.G. Barnes	(Degree or title) _____	23b. ADDRESS 2014 S. 21st St. W.K. Mo.	23c. DATE SIGNED 21 June 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Ceme.	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. 6-22-55	REGISTRAR'S SIGNATURE Nevo Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons	ADDRESS 4139 Truman Rd. K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 293

P. O. Address.....

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.