

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36862**
5017

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.			
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) 40 YEARS		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 5244 LYON				e. STREET ADDRESS (If rural, give location) 5244 LYON					
3. NAME OF DECEASED (Type or Print) a. (First) PETER			b. (Middle) —		c. (Last) HALEY		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER-15-1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT-28-1882		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 RES. Hours	IF UNDER 1 RES. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-30 YEARS			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MORRISON ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME PETER J. HALEY			13b. MOTHER'S MAIDEN NAME ELIZABETH GREER		14. NAME OF HUSBAND OR WIFE —				
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. NONE		17. INFORMANT'S SIGNATURE OR NAME MISS MARY HALEY				ADDRESS 5244 LYON KANSAS CITY, MO.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemiparesis					INTERVAL BETWEEN ONSET AND DEATH 1 year		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral embolism acute					2-3 day		
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					157X		
19. DATE OF OPERATION Sept 1955		19b. MAJOR FINDINGS OF OPERATION As above					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)		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 6-1 , 19 55 , to 11-15 , 19 55 , that I last saw the deceased alive on 11-15 , 19 55 and that death occurred at 12:10 P. M. , from the causes and on the date stated above.									
23a. SIGNATURE John T. Skinner (Degree or title) MD				23b. ADDRESS 1102 Grand St. C.M.O.		23c. DATE SIGNED 11-16-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV-18-1955	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI				
DATE REC'D BY LOCAL REG. 11-21-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Helcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			

(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 *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *K E W*

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.