

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36868**
4537

No. 300
10.48

FILED NOV 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	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 town OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 50 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 General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 1429 Belleview		
3. NAME OF DECEASED (Type or Print) Elnora		a. (First)	b. (Middle)	c. (Last) Haughn
4. DATE OF DEATH		(Month) 10	(Day) 20	(Year) 1955
5. SEX Fe male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 11 1874	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and State or Foreign Country) Paola, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Nichols		13b. MOTHER'S MAIDEN NAME Hinman	14. NAME OF HUSBAND OR WIFE Calvin Haughn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Nelson Haughn ADDRESS Kansas City, Mo.	
18. CAUSE OF DEATH 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) Generalized arteriosclerosis				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip		890 21
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address	21c. (CITY, TOWN, OR TOWNSHIP) Kansas City, Jackson, Missouri (COUNTY) (STATE)	
21d. TIME OF INJURY Applo 1 1955		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall in home	
22. I hereby certify that I attended the deceased from Oct. 3, 1955 , to Oct. 20, 1955 , that I last saw the deceased alive on Oct. 20, 1955 , and that death occurred at 11:35 Am. , from the causes and on the date stated above.				
23a. SIGNATURE B. I. Burns (Degree or title) D		23b. ADDRESS Gen. Hospital		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 22 1955	24c. NAME OF CEMETERY OR CREMATORY Somerset Cem.	24d. LOCATION (City, town, or county) (State) Somerset, Kansas
DATE REC'D BY LOCAL REG. 10-22-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. I. Forster ADDRESS Funeral Home K. C. Mo.

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 *Raymond F. Stearns*
Licensed Embalmer No. *42*

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.