

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20518

State File No. ....

2517

FILED JUL 6 1956

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	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) <u>42 yrs</u>		8. STREET ADDRESS (If rural, give location) <u>5526 CRESTWOOD DRIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emil</u>		b. (Middle)		c. (Last) <u>HAAS (Jr.)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7, 1956</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 22, 1905</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice-President, Natkin &amp; Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>air conditioners</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Emil Haas</u>		13b. MOTHER'S MAIDEN NAME <u>Felicia Schlenker</u>		14. <del>NEARBY</del> WIFE <u>Ann G. Haas</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>1487-07-5556</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ann G. Haas, 5526 Crestwood Drive</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure, severe; peripheral edema; passive congestion, viscera</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Hypertension + coronary heart disease			
		DUE TO (b) <u>old myocardial infarct + myocardial fibrosis, diffuse</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 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 1925, to June 7, 1956, that I last saw the deceased alive on June 7, 1956 and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Fred Irwig</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1610 Profersberg</u>		23c. DATE SIGNED <u>June 8-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>June 10, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newcomer Park Cremation</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>6-8-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE UND. CO., 3235 Gillham Plaza, K. C. 9, Mo.</u>	
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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.....

Licensed Embalmer No.....

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.