

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1291

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 178

|   |                               |   |  |  |  |  |   |   |  |
|---|-------------------------------|---|--|--|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> |  |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>KANSAS CITY</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>   |                               |   | Length of stay in <b>7 YEARS</b>   |  | d. STREET ADDRESS <b>3323 WAYNE AVENUE</b>   |  | Reside on Form<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ARCHIE</b> Middle <b>HAEFLINGER</b> Last <b>HAEFLINGER</b>  |                               |   | 4. DATE OF DEATH<br>Month <b>JAN.</b> Day <b>10.</b> Year <b>1957</b>                        |  |  |  |   |   |  |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>AUG. 22, 1913</b>   |  | 9. AGE (In years last birthday) <b>43 1/2</b>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WELDER</b>   |                               |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>STANDARD STEEL WORKS</b>                                |  | 11. BIRTHPLACE (City and state or country) <b>WEST PLAINS MISSOURI</b>                       |  | 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>  |   |  |
| 13. FATHER'S NAME <b>LOUIS HAEFLINGER</b>   |                               |   |  | 14. MOTHER'S MAIDEN NAME <b>ELIZA BUTTS</b>  |  |  |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>   |                               |   | 16. SOCIAL SECURITY NO. <b>500-09-7684</b>   |  | 17. INFORMANT <b>MRS. JUANITA HAEFLINGER</b> Address <b>3323 WAYNE AVE. KANSAS CITY, MO.</b> |  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Massive Subarachnoid Hemorrhage</b><br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ |                               |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 hrs</b><br><b>3 mos</b><br><b>23 1/2</b>     |   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                               |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |  |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                               |   |  |  |  |  |   |   |  |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY   |   | STATE                                     |  |
| 21. I attended the deceased from <b>1 PM, 10/15/57</b> , to <b>8 AM, 10/15/57</b> and last saw <b>her</b> alive on <b>1-10-57</b><br>Death occurred at <b>8:17 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |                               |   |  |  |  |  |   |   |  |
| 22a. SIGNATURE <b>E. O. Fisher DO.</b> (Degree or title)  |                               |   |  | 22b. ADDRESS <b>11109 Wimmer Rd. Drexel</b>  |  |  | 22c. DATE SIGNED <b>1-11-57</b>   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   |                               | 23b. DATE <b>JAN. 14, 1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>                               |  |  | 23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>            |   |   |  |
| 24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>   |                               |   |  | 25. DATE RECD. BY LOCAL REG. <b>1-14-57</b>  |  | 26. REGISTRAR'S SIGNATURE <b>Nevas Marshall</b>                                      |   |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
E. O. Fisher

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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. *4* .....

P. O. Address *K & V* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.