

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

56218-57

58-005544

STATE FILE NUMBER

639

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		d. STREET ADDRESS (If outside, give location) <b>1603 Wyandotte</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>SAMPSON</b> Last <b>Haag</b>		4. DATE OF DEATH Month <b>2</b> Day <b>5</b> Year <b>1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 22, 1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>7</b> Months <b>13</b> Days
13a. FATHER'S NAME <b>DANIEL HAAG</b>		13b. MOTHER'S MAIDEN NAME <b>ELSIE LAMBULL</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE <b>JOHN S. HAAG 1603 Wyandotte</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Dehydration and electrolyte imbalance</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>interstitial pneumonitis</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH  <b>525*</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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>Feb. 5, 1958</b> to <b>Feb. 5, 1958</b> and last saw <sup>him</sup> alive on <b>Feb. 5, 1958</b> Death occurred at <b>9:05 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>[Signature]</b> (Degree or title)	22b. ADDRESS <b>24th &amp; Cherry</b>	22c. DATE SIGNED <b>2-6-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>FEB 8, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>KANSAS CITY, MO.</b>		23d. LOCATION (City, town, or county) (State) <b>OKLA CITY, OKLA</b>
25. DATE RECD. BY LOCAL REG. <b>2-7-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

B. I. BURIALS

MAY 7 1958

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*Embalmer*

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 *Harold L. Chtonacht* .....

Licensed Embalmer No. 3035 .....  
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.