

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005562

STATE FILE NUMBER

428

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5613 Michigan		Length of stay in 1b 49 Years	d. STREET ADDRESS (If outside, give location) 5613 Michigan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Edward H. Haungs			4. DATE OF DEATH Month Day Year Jan. 26, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec, 9, 1880
9. AGE (In years and birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator	11. BIRTHPLACE (City and state or country) Peoria, Illinois
10a. FATHER'S NAME Benedict Haungs		10b. KIND OF BUSINESS OR INDUSTRY Haungs Meat Market	12. CITIZEN OF WHAT COUNTRY? USA
13a. MOTHER'S MAIDEN NAME Victoria Destraul		14. NAME OF HUSBAND OR WIFE Alice C. Haungs	
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 Address Mrs. Hortense Meunier 5613 Michigan
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis			2 years
DUE TO (c) Generalized Arteriosclerosis			5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis with left hemaplegia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year 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 July 6, 1955 to Jan. 26, 1958 and last saw him alive on January 24, 1958 Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>D.D. Cutcliff</i>		22b. ADDRESS M.D. 1222 McGee St., K.C., Mo.	22c. DATE SIGNED 1-27-58
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 1-24-1958	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hickman Mills, Missouri
24. FUNERAL DIRECTOR ADDRESS Mellody McGilley Eylar 1800 Linwood Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 1-27-58	26. REGISTRAR'S SIGNATURE <i>Deva Marshall</i>

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE D. J. Cutcliff

All diseases in Part I must be causally related.

Dr. D. J. Carteliff
1222 - Mc
MA - 12388

1. 6 PM

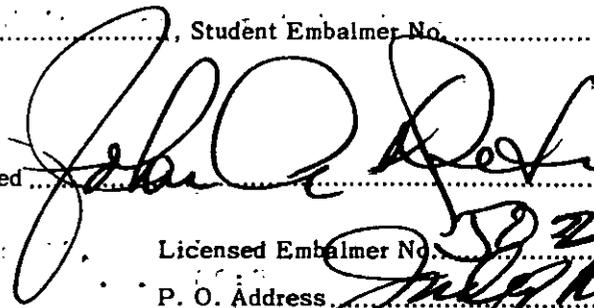
STATEMENT BY LICENSED EMBALMER

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. 592
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.