THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-005607

STATE FILE NUMBER 990

FILED MAR 13 1958

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1023 Askew — Length of stay in 1b 12 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1023 Askew — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First HARRY Middle L Last HUKE

4. DATE OF DEATH Month February Day 23 Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH November 1 1903

9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Grocery Store
11. BIRTHPLACE (City and state or country) Kansas City Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank G Huke
13b. MOTHER'S MAIDEN NAME Anna Schneider
14. NAME OF HUSBAND OR WIFE Bernice Huke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Bernice Huke Address 1023 Askew K C Mo

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) Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of the lung — 10 mo
DUE TO (c) — 10 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Moderate Arteriosclerosis
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Feb. 1957, to Feb. 23, 1958 I last saw him alive on Feb. 22, 1958
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Cummins M.D. (Degree or title)
22b. ADDRESS 1612 Prof. Bldg.
22c. DATE SIGNED 2-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/26/58
23c. NAME OF CEMETERY OR CREMATORY Mt Washington Cemetery
23d. LOCATION (City, town, or county) Kansas City Missouri (State)

24. FUNERAL DIRECTOR Shell Funeral Home ADDRESS Kansas City Mo.
25. DATE RECD. BY LOCAL REG. 2-24-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Walter Cummins

## 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.