

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029111
STATE FILE NUMBER 3809

FILED AUG 20 1958 Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Joseph Hospital 3 months</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>2517 No 51st</i>
3. NAME OF DECEASED (Type or print) First <i>MILDRED</i> Middle Last <i>HAASE</i>			4. DATE OF DEATH Month <i>August</i> Day <i>8</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>August 16, 1915</i>
9a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <i>Waitress</i>		9b. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>	9. AGE (In years last birthday) <i>42</i>
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Adrian Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Amy Kline</i>	
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Julius Haase</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>	
17. INFORMANT <i>Julius Haase</i>		Address <i>2517 No 51st 26 Kc.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Adenocarcinoma</i> DUE TO (b) <i>Carcinoma of Pancreas & Metastases</i> DUE TO (c) <i>157X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 mo</i>
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? 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 <i>Apr 8, 1958</i> to <i>Aug 8, 1958</i> and last saw her alive on <i>Aug 7, 1958</i> Death occurred at <i>9:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>William M. Korte MD</i>		22b. ADDRESS <i>612 Professor Bldg</i>	
22c. DATE SIGNED <i>8-8-58</i>		23a. CREMATION, REMOVAL (Specify)	
23b. DATE <i>Aug 10, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Int Olive Cemetery</i>	
23d. LOCATION (City, town, or county) (State) <i>Adrian Missouri</i>		24. FUNERAL DIRECTOR ADDRESS <i>Kilbe Funeral Home 2315 Sunwood</i>	
25. DATE RECD. BY LOCAL REG. <i>8-8-58</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

MEDICAL CERTIFICATION
William M. Korte MD ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Cause of death must be stated in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



*Dr. W. M. Faust
Prof Body
12-5*

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 *Chas E Wilks*

Licensed Embalmer No. *2644*
P. O. Address *Kc Mo*

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.