

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032048

STATE FILE NUMBER

4228

FILED SEP 24 1958 Registration District No. 393 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 57th
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4009 N. WINN		Length of stay in 1b 47 YRS.	d. STREET ADDRESS (If outside, give location) 4009 N. WINN Rd
3. NAME OF DECEASED (Type or print) First Middle Last Milas GARFIELD Hawley			4. DATE OF DEATH Month Day Year SEPT 2 1958
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 24 1889
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINT ENGR.		10b. KIND OF BUSINESS OR INDUSTRY PAINT	11. BIRTHPLACE (City and state or country) GAS CITY, IND
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Albert Hawley	
13b. MOTHER'S MAIDEN NAME Alice Shireman		14. NAME OF HUSBAND OR WIFE Allie Hawley	
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. 486-07-1841A	
17. INFORMANT MRS. Allie Hawley		Address 4009 WINN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIO-SCLEROSIS			1 yr
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 31			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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED 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 9-31-58 to 9-2-58 and last saw him alive on 9-2-58 Death occurred at 1 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Daniel C. Boone MD		22b. ADDRESS 2075 SWIFT, N.K.C. 16, Mo	
22c. DATE SIGNED 9-4-58			
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		23b. DATE Sept 5-58	
23c. NAME OF CEMETERY OR CREMATORY White Chapel		23d. LOCATION (City, town, or county) (State) Clay Co, Mo.	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons N.K.C. Mo		25. DATE RECD. BY LOCAL REG. 9-4-58	
26. REGISTERER'S SIGNATURE neva Trinchall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Glenn D. Edde*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, Ind*

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.