

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039989

STATE FILE NUMBER 3276

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1001 E. 92nd St.</b> |  | Length of stay in 1b<br><b>63 yrs.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>1001 E. 92nd St.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>ROSE</b> Middle <b>HAWARD</b> Last |  |  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>6</b> Year <b>1958</b> |  |  |  |
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|                         |                                  |   |   |   |  |                                |                                |
|-------------------------|----------------------------------|---|---|---|--|--------------------------------|--------------------------------|
| 5. SEX<br><b>female</b> | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 25, 1889</b> | 9. AGE (In years, last birthday)<br><b>69</b> |  | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|----------------------------------|---|---|---|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
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|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Peter Donahue</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Coughlin</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Charles Haward</b> |  |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, name or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>none</b> | 17. INFORMANT<br><b>Charles Haward 1001 E. 92nd St.</b> | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hrs.</b>                                      |               |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Coronary Insufficiency</b> |  | <b>3 yrs.</b> |
|  | DUE TO (c) <b>Atherosclerosis</b>        |  | <b>10 yrs</b> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4251</b>                 |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |               |

|   |  |
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| 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.) |
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| 20c. TIME OF INJURY<br>Hour .Month, Day, Year<br>a.m.<br>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<br>COUNTY STATE |
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|  |  |                                    |
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| 21. I attended the deceased from <b>5/23/58</b> to <b>10/22/58</b> and last saw her alive on <b>10/22/58</b><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |  |                                    |
| 22a. SIGNATURE<br><b>Frank G. O'Connell MD</b> (Degree or title)   | 22b. ADDRESS<br><b>7951 State Line</b> | 22c. DATE SIGNED<br><b>11/7/58</b> |

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Nov. 8, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Marys</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>Muehlebach F. H. 6800 Troost Ave</b> | 25. DATE RECD. BY LOCAL REG.<br><b>11-7-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b> |
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All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE Frank A. O'Connell



1931  
7th 4-16-33  
1:00 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 *J. T. Crowell* .....

Licensed Embalmer No. *4904* .....

P. O. Address *H. C. 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.