

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044140

STATE FILE NUMBER
5784

FILED DEC 30 1958

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

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		c. CITY OR TOWN KANSAS City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1321 W. 40th St.		d. STREET ADDRESS (If outside, give location) 1316 W. 40th St.	
3. NAME OF DECEASED (Type or print) First Middle Last MYRTLE HAEDRICH		4. DATE OF DEATH Month Day Year 12 - 6 - 58	
5. SEX Female	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 Oct. 13, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Youngstown, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME William a. Stopfer	
13b. MOTHER'S MAIDEN NAME Ann Petti		14. NAME OF HUSBAND OR WIFE William F. Haedrich	
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. Charles Richards, 1321 W. 40th
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Decompensation DUE TO (c) Chronic Myocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 8 hrs
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.) 4222	
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 8-8-58 to 12-6-58 and last saw her alive on 12-6-58 Death occurred at 2:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold W. Baun D.O.		22b. ADDRESS 4150 Hamilton Blvd Kansas City, Kansas	
22c. DATE SIGNED 12-6-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-9-58		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24. FUNERAL DIRECTOR ADDRESS Melody McKilly-Eyler - 20 W. Lenwood	
25. DATE RECD. BY LOCAL REG. 12-8-58		26. REGISTRAR'S SIGNATURE neva minshall	

J. H. Howard
4150 Rainbow

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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 *Wm A. Dentz*

Licensed Embalmer No. *5038*

P. O. Address *K.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.