

Health, Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

59-005585
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 485

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Length of stay in 1b 1 day
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 No
d. STREET ADDRESS 5112 Baltimore (If outside, give location) Residence on Form Yes No

3. NAME OF DECEASED First Middle Last Infant Haake
4. DATE OF DEATH Month Day Year Jan. 24, 1959

5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Jan. 23, 1959 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1

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

13a. FATHER'S NAME Edward J. Haake 13b. MOTHER'S MAIDEN NAME Cecelia D. Randolph 14. NAME OF HUSBAND OR WIFE

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 Edward J. Haake 5112 Baltimore

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Permaten rupture of membrane.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) causing permaten delivery DUE TO (c) 7-15
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 NO 0

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK AT 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 Ja. 23 -59 to Jan. 24-59 and last saw her alive on Jan. 24-59
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Brown (Degree or title) 22b. ADDRESS 4706 Broadway K.C. Mo. 22c. DATE SIGNED 24 Jan. 59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1-26-59 23c. NAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS Mellody-Mc Gilley-Eylar Woodland & Elmwood K. C. Mo. 25. PAID BY LOCAL REG. 1-26-59 26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

KP
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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

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.