

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021406

FILED JUN 24 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER 2814
Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE TEXAS b. COUNTY El Paso							
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 EL PASO		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KELLY NURSING HOME 4123 INDEP. AVE.			Length of stay in lb 2 weeks		d. STREET ADDRESS 6800 EL PASO DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) FREDERICK WILLIAM HARE				4. DATE OF DEATH Month JUNE Day 8 Year 1959							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH JAN. 6, 1875		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER AND PAPER HANGER				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NEW LISBON WISCONSIN		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME WILLIAM HARE				13b. MOTHER'S MAIDEN NAME JENNIE FREEMAN				14. NAME OF HUSBAND OR WIFE DELLA HARE			
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. 496 09 8311		17. INFORMANT Address MRS. KENNETH CRAMP 501 E 67 TH NORTH					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of colon								INTERVAL BETWEEN ONSET AND DEATH 6 mos			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1538					
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
19c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.											
19d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				19e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				19f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 6/2/59 , to 6/8/59 and last saw ^{her} him alive on 6/2/59 Death occurred at 12:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Sahleen MD				22b. ADDRESS K. C. Mo				22c. DATE SIGNED 6/8/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE June 10, 1959		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL				23d. LOCATION (City, town, or county) State KANSAS CITY, MISSOURI			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.						25. DATE RECD. BY LOCAL REG. 6-9-59		26. REGISTRAR'S SIGNATURE newa minishell			

L. E. Riller. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 1, 1916

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 *Thomas W. Larson*

Licensed Embalmer No. *4889*

P. O. Address *D.C. 2/0*

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.