

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029123

EILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4172 STATE FILE NUMBER

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| 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 | | Length of stay in lb 26 years | c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 701 Brooklyn Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Hazel Middle Hanna Last Hittenmark | 4. DATE OF DEATH Month 8 Day 26 Year 59 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-27-1897 | 9. AGE (last birthday) 62 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurses Aid Hosp. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Iowa | 12. CITIZEN OF WHAT COUNTRY U. S. |
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| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Albert Hittenmark |
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| 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. 486-03-3018A. | 17. INFORMANT Mrs. Margaret Walker 7803 E. 40 Hi-way | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gastro-intestinal hemorrhage | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Undetermined etiology (Hench's purpera) ?? | |
| DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour 7:10 A.M. Month, Day, Year 8-20-59 |
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| 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 8-26-59 | COUNTY her | STATE 8-26-59 |
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21. I attended the deceased from **8-20-59** to **8-26-59** and last saw ^{her} ~~him~~ alive on **8-26-59**
Death occurred at **7:10 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Abraham Yelpein</i> | (Degree or title) | 22b. ADDRESS 2400 Cherry | 22c. DATE SIGNED 8-27-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-27-59 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington | 23d. LOCATION (City, town, or county) Kansas City, Mo. | (State) |
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| 24. FUNERAL DIRECTOR C. H. Blackman & Son - S. C. Mo | ADDRESS | 25. DATE RECD. BY LOCAL REG. 8-27-59 | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> |
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DOCUMENT

BY AFFIDAVIT OF ADULTHEM CAPABILITY & 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
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
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.