URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036206

STATE FILE NUMBER

AMENDED FILED NOV 10 1959 Registrar's District No. 149 Primary Registration District No. 1002 Registrar's No. 5138

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Trinity Lutheran — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5210 Woodland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT — Middle HERMAN — Last HAUBEIN, Sr
4. DATE OF DEATH: Month 10 — Day 24 — Year 59
5. SEX: Ma
6. COLOR OR RACE: Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-17-93
9. AGE (last birthday): 66 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Operator
10b. KIND OF BUSINESS OR INDUSTRY: K.C.P.S. Co.
11. BIRTHPLACE (City and state or country): Lockwood, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Herman Henry Haubein
13b. MOTHER'S MAIDEN NAME: Marie Weiland
14. NAME OF HUSBAND OR WIFE: Dorothy I. Haubein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 487-01-8360
17. INFORMANT: Mrs. Dorothy I. Haubein, Address: 5210 Woodland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Nephritis
DUE TO (c): X
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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

MEDICAL CERTIFICATION

21. I attended the deceased from Oct 21-59, to Oct 23rd.59 and last saw ~~her~~ him alive on Oct 23rd, 1959.
Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugh A. Gestring, M.D. (Degree or title)
22b. ADDRESS: 1220 E 31st
22c. DATE SIGNED: 10-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-26-59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county): Kansas City — (State): Mo.

24. FUNERAL DIRECTOR — ADDRESS: Wagner Funeral Home, K.C. Mo
25. DATE RECD. BY LOCAL REG.: 10-26-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT

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_____ Signed Alvin R. Hausche

Signature of Student Embalmer

Licensed Embalmer No. 4159

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.