

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 5 1960

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STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 15

UNDECEASED

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 Independence		Length of stay in 1b 37 yrs.	c. CITY OR TOWN Independence Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1910 Arlington Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OSCAR Middle DEWEY Last HASKINS	4. DATE OF DEATH Month December Day 29 Year 1959
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5. SEX Male	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 3-3-1898	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman-	10b. KIND OF BUSINESS OR INDUSTRY Armour Packing Co.	11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Fredrick Haskins	13b. MOTHER'S MAIDEN NAME Elizabeth Miller	14. NAME OF HUSBAND OR WIFE Ruby Howell Haskins
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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) yes	16. SOCIAL SECURITY NO. 510-05-6070	17. INFORMANT Ruby Haskins, 1910 Arlington, Indep., Mo.	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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary edema massive -	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	2 mo?
	Old + recent myocardial infarction	
	DUE TO (c)	Secondary
	Coronary atherosclerosis of disease	
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

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 a.m. p.m.	Month, Day, Year
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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	COUNTY	STATE
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21. I attended the deceased from **8-18-58** to **Dec 29, 59** and last saw her ^{her} _{him} alive on **Dec 29, 1959**
 Death occurred at **400 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. H. March	(Degree or title) MD	22b. ADDRESS 10901 Winner Rd. Independence, Mo.	22c. DATE SIGNED 12/30/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-31-59	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Memory Gardens	23d. LOCATION (City, town, or county) Independence, Mo.	(State)
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24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Independence, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-31-59	26. REGISTRAR'S SIGNATURE James J. Craig
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 8 1960

JAN

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond E. Horn

Licensed Embalmer No. 4266

P. O. Address Dundee, 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.