

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 192

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>		Length of stay in lb <u>28 hrs.</u>		c. CITY OR TOWN <u>Silver Springs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Memorial</u>				d. STREET ADDRESS <u>8809 Glenville Rd #3 55 Md</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>DANA</u> Middle <u>LYNN</u> Last <u>HANEY</u>				4. DATE OF DEATH Month <u>December</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>Girl</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 27 1960</u>	9. AGE (last birthday) Months <u>1</u> Days <u>2</u>	IF UNDER 1 YEAR Hours <u>2</u> Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>North Kansas City, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>United States</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Ernest Delmer Haney</u>			13b. MOTHER'S MAIDEN NAME <u>Gail Louise Shrader</u>			13c. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mother - MRS. Ed. HANEY TAKOMA PARK</u>			
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) <u>RESPIRATORY FAILURE</u>							<u>27 HRS</u>
DUE TO (b) <u>HYALINE MEMBRANE DISEASE</u>							<u>27 HRS</u>
DUE TO (c) <u>PREMATURITY</u>							<u>27 HRS</u>
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 type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour <u>7 AM</u> Month, Day, Year		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 <u>TAKOMA PARK MD.</u>		COUNTY		STATE	
21. I attended the deceased from <u>Dec. 29, 1960</u> to <u>Dec 28</u> and last saw her <u>alive</u> on <u>Dec. 28, 1960</u> Death occurred at <u>7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Theresa E. Edwards</u> (Degree or title)				22b. ADDRESS <u>315 Union St. KOKUC MD</u>		22c. DATE SIGNED <u>12/29/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>12-30-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>TAKOMA Cem TAKOMA PARK MD.</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>D.W. Kucsmarin Inc N.K.C.</u> ADDRESS				25. DATE REC'D. BY LOCAL REG. <u>12-29-60</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

of

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 *John V. Hendrick*

Licensed Embalmer No. 4848

P. O. Address S. G. 17, Va

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.