

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025215
3307 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3307

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Arthur Adelman

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 43 days
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial 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 Independence Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2337 Sterling Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First HENRY Middle William Last HASSEL
4. DATE OF DEATH Month 7 Day 1 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 6/12/1890 9. AGE (last birthday) 71
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) Retail store
10b. KIND OF BUSINESS OR INDUSTRY Hardware + sheet metal
11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Michael W. Hassel 13b. MOTHER'S MAIDEN NAME Elizabeth Riehl 14. NAME OF HUSBAND OR WIFE Pearl Hassel

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. _____ 17. INFORMANT Pearl Hassel Independence, Mo. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma, metastatic, to liver +
DUE TO (b) Carcinoma of right lung
DUE TO (c) _____
INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 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 _____ Month, Day, Year _____
a.m. _____ p.m. _____

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 _____

21. I attended the deceased from 5/18/61 to 7/1/61 and last saw him ^{live} on 7/1/61
Death occurred at 9:30 a m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur Adelman, M.D. 22b. ADDRESS 751 E. 62nd St. K.C. Mo. 22c. DATE SIGNED 7/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/3/1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Kansas City, Mo

24. FUNERAL DIRECTOR C. N. Blackburn & Son ADDRESS K.C. Mo 25. DATE RECD. BY LOCAL REG. 7-3-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address RC 24, 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.