MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-030368
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 137

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	6004		
2	6004		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	4201		
10			
11			
12	6-0		
13	2-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: NORTH KANSAS CITY — Length of stay in 1b: 33 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: N.K.C. MEMORIAL HOSP — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CLAY
c. CITY OR TOWN: NORTH KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2617 VERNON — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: OSCAR Middle: Lee Last: HASH
4. DATE OF DEATH: Month: AUG. Day: 16 Year: 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-10-91
9. AGE (last birthday): 70 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (City and state or country): YOUSMITE, KY
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: GEORGE D. HASH
13b. MOTHER'S MAIDEN NAME: SALLY HOGUE
14. NAME OF ~~HUSBAND OR~~ WIFE: STELLA L. HASH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: STELLA L. HASH — Address: 2617 VERNON. N. KAN. CITY MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease & Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial asthma
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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
21. I attended the deceased from 8-13-62, to 8-16-62 and last saw him alive on 8-16-62
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert N. Hodge (Degree or title) M.D.
22b. ADDRESS: North Kansas City Mo
22c. DATE SIGNED: 8-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG. 18-62
23c. NAME OF CEMETERY ~~OR CREMATORY~~: WHITE CHAPEL
23d. LOCATION (City, town, or county) (State): GLADSTONE, MO.
24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: NORTH KAN. CITY, MO.
25. DATE RECD. BY LOCAL REG.: 8-18-62
26. REGISTRAR'S SIGNATURE: Marguerite Rudgens

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1962

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 W. Lemick Jr.

Licensed Embalmer No. 4848

P. O. Address K. C. 17 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.