Hake

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-047955
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6806

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			
2	04420		
3		2	
4		1	
5		2	
6			
7		0	
8		0	
9	4428		
10			
11			
12	65-0		
13			

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 7 1966

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: 4 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Joseph Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Henry
c. CITY OR TOWN: Montrose
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Mary Middle: T Last: Hake

4. DATE OF DEATH: Month: Dec Day: 21 Year: 1965

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: Nov 18-1889

9. AGE (last birthday): 76
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): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Linn Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: — Hueser

13b. MOTHER'S MAIDEN NAME: Mary Schanchulte

14. NAME OF HUSBAND ~~OR WIFE~~: John Hake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 495-38-8048

17. INFORMANT: Mrs Florence Welling Address: 10315 High Drive Leawood, Kans

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): neglect Illness Related — years
DUE TO (c): Arteriosclerotic heart & Hypertension — years

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 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 12-21-65 to 12-21-65 and last saw her him alive on 12-21-65
Death occurred at 10 52 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION — John T. Skinner

22a. SIGNATURE (Degree or title): John T. Skinner MD

22b. ADDRESS: 1102 Grand K.C. MO

22c. DATE SIGNED: 12-22-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-23-1965

23c. NAME OF CEMETERY OR CREMATORY: St Mary Cemetery

23d. LOCATION (City, town, or county): Montrose (State): Mo

24. FUNERAL DIRECTOR ADDRESS: Sickman-Danning FH Clinton Mo

25. DATE RECD. BY LOCAL REG.: 12-27-65

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley J Lickman

Licensed Embalmer No. 5342

P. O. Address Clinton 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.