

CERTIFICATE OF DEATH

2576

DO NOT WRITE  
ON THIS STUB

9. 0  
10a. 62  
10b.  
11. 1  
12. 1  
13. 4339  
14. 4  
15. 1  
16.  
17.  
18. 0  
19. CREDITS  
20.

VS 300  
Rev. 1/68

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

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED: IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. VIRGIL D. HASENYAGER		2. MALE		3. 5/8/69	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		5. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS		6. DATE OF BIRTH (MONTH, DAY, YEAR)	
4. WHITE		5. 62		6. 3/18/07	
7. CITY, TOWN, OR LOCATION OF DEATH		8. INSIDE CITY LIMITS (SPECIFY YES OR NO)		9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. KANSAS CITY		8. YES		9. VETERANS ADMINISTRATION HOSPITAL	
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		11. CITIZEN OF WHAT COUNTRY		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
10. KANSAS		11. USA		12. MARRIED	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		15. KIND OF BUSINESS OR INDUSTRY	
13. 515 05 76 92		14. ELECTRICIAN		15. Plating	
16. RESIDENCE—STATE		17. COUNTY		18. CITY, TOWN, OR LOCATION	
16. MISSOURI		17. JACKSON		18. KANSAS CITY	
19. FATHER—NAME FIRST MIDDLE LAST		20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST		21. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
19. FRANK HASENYAGER		20. MAMIE JOREN HASENYAGER		21. YES	
22. INFORMANT—NAME		23. MAILING ADDRESS		24. STREET AND NUMBER	
22. ALICE HASENYAGER, wife		23. 4930 MARSH, KANSAS CITY, MO.		24. 4930 MARSH	
25. OFFICIAL VA HOSPITAL RECORDS		26. 4801 LINWOOD BLVD., KANSAS CITY, MO. 64128			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
18. IMMEDIATE CAUSE					
(a) LUNG ABSCESS AND BRONCHOPNEUMONIA					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) INFART OF BASAL GANGLIA					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) SEVERE ATHEROSCLEROSIS					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)					
20a. DATE OF INJURY (MONTH, DAY, YEAR)		20b. HOUR		20c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. 3/29/69		20b. 5/8/69		20c. M. 20d.	
21. INJURY AT WORK (SPECIFY YES OR NO)		22. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		23. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21. YES		22. OFFICE BLDG., ETC. (SPECIFY)		23. 4801 LINWOOD BLVD., KANSAS CITY, MO.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 3/29/69 TO 5/8/69					
24. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		25. HOUR OF DEATH		26. THE DECEASED WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)	
24. 5/8/69		25. 5/8/69		26. 3:25A M. TO THE CAUSE(S) STATED.	
27. CERTIFIER—NAME (TYPE OR PRINT)		28. SIGNATURE		29. DATE SIGNED (MONTH, DAY, YEAR)	
27. ABDUL RAUF AKKILA, M.B. BCH.		28. Abdul Rauf Akkila		29. 5/8/69	
30. MAILING ADDRESS—CERTIFIER		31. STREET OR R.F.D. NO.		32. CITY OR TOWN	
30. VETERANS ADMINISTRATION HOSPITAL		31. 4801 LINWOOD BLVD.		32. KANSAS CITY, MISSOURI 64128	
33. BURIAL, CREMATION, REMOVAL (SPECIFY)		34. CEMETERY OR CREMATORY—NAME		35. LOCATION CITY OR TOWN STATE	
33. Burial		34. White Chapel Memorial Gardens		35. Kansas City, MO	
36. DATE (MONTH, DAY, YEAR)		37. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		38. FUNERAL DIRECTOR—SIGNATURE	
36. May 10, 1969		37. 2427 1/2 Funeral Home, 6606 Indep. Ave. K.C. MO 64125		38. Sheil	
39. REGISTRAR—SIGNATURE		40. DATE RECEIVED BY LOCAL REGISTRAR		41. 5-8-69	
39. [Signature]		40. 5-8-69		41. 5-8-69	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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

*Robert P. E. Cline*

Licensed Embalmer No. 5400

P. O. Address X.C.M.

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.