

FILED AUG 21 1950

THE DIVISION OF HEALTH OF KANSAS
STANDARD CERTIFICATE OF DEATH

State File No. 26940

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3349</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>KANSAS</u> b. COUNTY <u>ANDERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>14 HOURS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KINCAID</u>		<u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willis</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Hyson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 8 1923</u>		9. AGE (In years last birthday) <u>27</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elevator Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Owner Kincaid Lumber Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Near Blue Mound, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Hyson</u>		13b. MOTHER'S MAIDEN NAME <u>Zelma McGee</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Velma Joy Hyson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>504-16-9473</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Velma Joy Hyson Kincaid, Kan</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic Injury to Heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>For Left Pender multiple lacerations & contusions culere</u> DUE TO (c) <u>Feddy</u> II. OTHER SIGNIFICANT CONDITIONS <u>Feddy</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8:25⁴²</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>815</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kincaid Kansas Anderson</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-4-50 6:30 A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident (n.m.a.)</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Owens Coroner</u>			23b. ADDRESS <u>1034 Rio Rio Bldg</u>		23c. DATE SIGNED <u>8-5-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>BLUE MOUND KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>8-5-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newemer Sons 1331 BRUSH CREEK KANSAS CITY, MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 15 1951

SEP 12 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jess T. Deuss
Licensed Embalmer No. 4453

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.