

FILED DEC 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 40758
5016
Registrar's No. 110

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (In this place) 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 1019 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Hayden c. (Last) Hayden
4. DATE OF DEATH (Month) 11 (Day) 25 (Year) 50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 10, 1885 9. AGE (In years last birthday) 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown Hayden 13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mrs. Rosetta E. Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 499-16-3386
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosetta E. Hayden ADDRESS 1019 Jefferson Kansas City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov. 18, 1950, to Nov. 25, 1950, that I last saw the deceased alive on Nov. 25, 1950, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) _____ 23b. ADDRESS 24th & Cherry
23c. DATE SIGNED 11-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov. 28, 1950
24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
24d. LOCATION (City; town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 11-28-50 REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE O.W. Newman's Sons ADDRESS 1331 Brush Creek Kansas City, Mo.

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

Dr. Harrington

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 *Doyle S. Daniel*

Signed.....
Student Embalmer

Licensed Embalmer No. *4703*

P. O. Address *Lawson City, Va*

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.