

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30273**

Registrar's No. **3737**

BIRTH NO. V 52567-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY 0 JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY, Mo.		c. LENGTH OF STAY (in this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3258		
d. FULL NAME OF HOSPITAL OR INSTITUTION FAIRMOUNT HOSPITAL			d. STREET ADDRESS (If rural, give location) 4911 E. 27th STREET 0		

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) HAYMAN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1951		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 8-19-51	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months 8	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME --		13b. MOTHER'S MAIDEN NAME Iva Lee Hayman		14. NAME OF HUSBAND OR WIFE --	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Iva Hayman 4911 E. 27th.	
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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: I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity			INTERVAL BETWEEN ONSET AND DEATH		
			ANTECEDENT CAUSES 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.			7:10 X		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-19-, 1951, to 8-27-, 1951, that I last saw the deceased alive on 8-26-, 1951, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE Robert P. Jeffries (Degree or title) M.D.			23b. ADDRESS 6314 Brookside Plaza		23c. DATE SIGNED 8-28-51	
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24a. BURIAL, CREMATION, REMOVAL REMOVED		24b. DATE 8-24-51	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
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DATE REC'D BY LOCAL REG. 9-1-51		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.P. Roehler 7406 Wornall	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Russell H. Francis*

Licensed Embalmer No. *4255*

P. O. Address *H C 7220*

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.