S. No. 300
v. 10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1953

State File No. 24857

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3143

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

0

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 65 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 531 W. 24th.

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**3. NAME OF DECEASED** (Type or Print)
a. (First) b. (Middle) c. (Last): George E. Hayes

**4. DATE OF DEATH** (Month) (Day) (Year): June 19, 1953

**5. SEX:** Male 0
**6. COLOR OR RACE:** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH:** January 28, 1911
**9. AGE** (In years last birthday): 42 — If under 1 year: Months, Days — If under 1 day: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Railroad track maintenance
**10b. KIND OF BUSINESS OR INDUSTRY:** Railroad
**11. BIRTHPLACE** (City and State or Foreign Country): Pleasant Green, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME:** Unknown
**13b. MOTHER'S MAIDEN NAME:** Unknown
**14. NAME OF HUSBAND OR WIFE:** Catherine C. Hayes

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
**16. SOCIAL SECURITY NO.:** ~~37767~~ Unknown
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS:** V.A.Hospital Records, Kansas City, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bile Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) Generalized carcinomatosis with obstruction of the common bile duct — 6 weeks
DUE TO (c) Primary site in left lung.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

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**19a. DATE OF OPERATION:** April 22, 1953
**19b. MAJOR FINDINGS OF OPERATION:** Left pneumonectomy - cancer of the lung
**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) m.
**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 April 15, 1953, to June 19, 1953, ~~[illegible]~~ ~~[illegible]~~ and that death occurred at 2:05 a.m., from the causes and on the date stated above.

**23a. SIGNATURE** (Name or Title): Richard C. Schaffer, M.D. 0
**23b. ADDRESS:** V.A.Hospital, Kansas City, Mo.
**23c. DATE SIGNED:** 6-19-53

**24a. ~~BURIAL, CREMATION~~, REMOVAL (Specify):** Removal
**24b. DATE:** 6-19-1953
**24c. NAME OF CEMETERY OR CREMATORY:** —
**24d. LOCATION** (City, town, or county) (State): Sedalia Missouri

**DATE REC'D BY LOCAL REG.:** 6-20-53
**REGISTRAR'S SIGNATURE:** Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS:** 331 Brookside Blvd. D.W. Newcomer & Sons Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

JUL 17 1953

## 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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.