

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33929

4703

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
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>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanley</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>City</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John (Frank) F.</u>		b. (Middle) <u>F.</u>		c. (Last) <u>HAYS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-9-1954</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>8-31-94</u>		9. AGE (in years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer Sinclair Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State of foreign country) <u>Stilwe 11, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Sidney Hays</u>		13b. MOTHER'S MAIDEN NAME <u>Penelope Burke Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma May Hays</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY (If yes, give year or date of service) <u>4-24-17 9-25-19</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		ADDRESS <u>19-P Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral hemorrhage</u>				UNKNOWN	
		ANTECEDENT CAUSES					
		DUE TO (b) <u>Cerebral arteriosclerosis</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				331X	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 6, 1954</u> , to <u>Oct. 9, 1954</u> , that I last saw the deceased alive on <u>Oct. 9, 1954</u> , and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. Slentz, M.D.</u> (Degree or title)				23b. ADDRESS <u>2509 W 76th St., Kans City, Mo.</u>		23c. DATE SIGNED <u>Oct. 9, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-54</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maureen W. Hays - Olathe, KS.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

James W. Dwyer
3-12

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 _____

James W. Dwyer

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James W. Dwyer*

Licensed Embalmer No. *3615*

P. O. Address *Over the Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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