

FILED FEB 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1155**
101

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If possible corporate limits, write FULL and give town OR TOWN <u>Kansas City</u>) c. LENGTH OF STAY (in this place) <u>3 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u> <input checked="" type="checkbox"/> Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1725 Indep. Blvd</u>		(STREET ADDRESS (If rural, give location) <u>1725 Indep. Blvd</u>)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMAN</u> b. (Middle) <u>FRASER</u> c. (Last) <u>HAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>WH.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 8, 1877</u>		9. AGE (to years last birthday) <u>77</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>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State Foreign Country) <u>Scotland</u>	
13a. FATHER'S NAME <u>Edward Hay</u>			13b. MOTHER'S MAIDEN NAME <u>MARY</u>		14. NAME OF HUSBAND OR WIFE <u>Genie M. Hay</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>509-03-1805</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms M.C. Nichols</u> ADDRESS <u>Dubague, Iowa</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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		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 <u>Myocardial Heart Trouble</u>		42	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u>		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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE <u>Hugh Owens</u> (Degree or title) _____		23b. ADDRESS <u>1036 Briarley Blvd</u>		23c. DATE SIGNED <u>1-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-8-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Macl N. Deffenbacher</u>		ADDRESS <u>Topeka</u>	
DATE REC'D BY LOCAL REG. <u>1-8-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Macl N. Deffenbacher</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....
Signature of Student Embalmer

Signed *Leonard C. Passante*

Licensed Embalmer No. *455*

P. O. Address *KC Mo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.