

STANDARD CERTIFICATE OF DEATH

State File No. **26200**
3544
Registrar's No.

FILED SEP 7 1955

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

1. PLACE OF DEATH
a. COUNTY 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

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 50 YEARS

d. FULL NAME OF HOSPITAL OR INSTITUTION 3824 FOREST e. STREET ADDRESS (If rural, give location) 3824 FOREST AVENUE

3. NAME OF DECEASED
a. (First) ELOISE c. (Last) HAYDEN

4. DATE OF DEATH (Month) (Day) (Year) Aug 10, 1955

5. SEX FEMALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH MAY 2, 1905

9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY SELF

11. BIRTHPLACE (City and State or Foreign Country) INDEPENDENCE, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John D. Robinson

13b. MOTHER'S MAIDEN NAME MARY ALICE MOORE

14. NAME OF HUSBAND OR WIFE D. FRANK HAYDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME K.C.M.D. MR. D. FRANK HAYDEN 3824 FOREST

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma liver, intestines & ovary about 1 yr
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.

INTERVAL BETWEEN ONSET AND DEATH
15 1/2

19a. DATE OF OPERATION 4-6-55

19b. MAJOR FINDINGS OF OPERATION carcinoma primary in liver, extending into intestines & left ovary 4-6-55

20. AUTOPSY? YES NO

21. 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)

(Month) (Day) (Year) (Hour) INJURY

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 4-4, 1955, to 8-10, 1955, that I last saw the deceased alive on 8-6, 1955, and that death occurred at 7:15A. m., from the causes and on the date stated above.

23a. SIGNATURE H. E. Schoen (Degree or title) D.O.

23b. ADDRESS 3915 Main St K.C. Mo

23c. DATE SIGNED 8-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG. 12, 1955

24c. NAME OF CEMETERY OR CREMATORY Mt. WASHINGTON CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 8-12-55

REGISTRAR'S SIGNATURE new mitchell

25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS BRUSH CREEK BLVD

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

6-12-55
C. W. ...

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 *Richard L. Hogue*

Licensed Embalmer No. *2953*

P. O. Address *H. C. ...*

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.