

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38045

STATE FILE NUMBER

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4714

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Length of stay in lb 1 Year		d. STREET ADDRESS 3801 Indiana		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Josephine Middle H. Last Hayes				4. DATE OF DEATH Month Oct. Day 31 Year 1956/1956							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 7 1882		9. AGE (In years last birthday) 74 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 at home		11. BIRTHPLACE (City and state or country) Bay City Michigan		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Joseph Dohney				14. MOTHER'S MAIDEN NAME Josephine Bouchard							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Della Eber 3801 Indiana KC Mo.				Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia								INTERVAL BETWEEN ONSET AND DEATH 5 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Post surgical condition - Nystroctomy						DUE TO (c) Carcinoma of cervix		5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT - SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY How: 2:58 am Month: 12 Day: 1 Year: 56 p. m.											
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 12-1-56 to death and last saw her alive on 10-30-56 Death occurred at 2:58 am on the date stated above, and to my knowledge, from the causes stated.											
22a. SIGNATURE G.M. Osgood (Degree or title) MD					22b. ADDRESS 104 P. V. MEDICAL BLDG. 71ST AT TOMAHAWK			22c. DATE SIGNED 10-31-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov 3 1956		23c. NAME OF CEMETERY OR CREMATORY Entombment - Riverview		23d. CITY, TOWN, OR COUNTY (If Kansas or county) PRAIRIE VILLAGE, KANSAS		23e. STATE Portland Oregon			
24. FUNERAL DIRECTOR Melody McGilley Elyar Kan City Mo.				25. DATE RECD. BY LOCAL REG. 11-1-56		26. REGISTRAR'S SIGNATURE Neva Marshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Hayes
Dr. Osmond & Montgomery
711 1/2 ...
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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 *Arthur Eugene Hoover*
Licensed Embalmer No. 49

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.