FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5167

STATE FILE NUMBER

94955-57 Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 60

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 Raytown — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Independence 7001 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA Raytown, Clinic — Length of stay in lb None	d. STREET ADDRESS (If outside, give location) 3721 Blue Ridge Blvd. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Kevin — Middle Richard — Last Hayward

4. DATE OF DEATH: Month Feb. Day 11, Year 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Dec. 19, 1956

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 22 — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (City and state or country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Floyd Hayward

14. MOTHER'S MAIDEN NAME: Joan Josephine Saracene

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Floyd Hayward, Independence, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 491X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 ____, to ____ and last saw her/him alive on ____

Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] — 22b. ADDRESS: 6627 [illegible] — 22c. DATE SIGNED: 2-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-13-57

23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery

23d. LOCATION (City, town, or county) (State): Raytown, Missouri

24. FUNERAL DIRECTOR — ADDRESS: George C. Carson, Independence, Mo.

25. DATE RECD. BY LOCAL REG.: 2-12-57

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

54-0

FEB 26 1957

MAR 29 1957

FEB 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Tom D. Marbland

Licensed Embalmer No. 45

P. O. Address Indep

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.