

Health,  
Welfare  
Public  
Service

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1269  
STATE FILE NUMBER  
141  
REGISTRATION DISTRICT NO. 149 PRIMARY REGISTRATION DISTRICT NO. 1002 REGISTERS NO. 141

300  
-57

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 type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2		Length of stay in lb. 37 yrs.	d. STREET ADDRESS (If outside, give location) 4106 E. 16th Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Elbert L. Hayes SR.			4. DATE OF DEATH Month Day Year January 8, 1958
5. SEX Male <sup>2</sup>	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-31-1904 9. AGE (In years last birthday) 53 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter Carrier		10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.	11. BIRTHPLACE (City and state or country) Guthrie, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Hayes	13b. MOTHER'S MAIDEN NAME Annie Wardlow
14. NAME OF HUSBAND OR WIFE Ardonia Hayes		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Ardonia Hayes, wife		Address 4106 E. 16th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bleeding esophageal varices with G.I. hemorrhage DUE TO (b) Cirrhosis of liver. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 58 1/2
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input 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 Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input 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 12-17-57 to 1-8-58 and last saw her alive on 1-8-58 Death occurred at 2:30 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. R. Peterson M.D.		22b. ADDRESS 600 East 22nd Street	22c. DATE SIGNED 1-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-11-58	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) (State) Kans. City, Missouri
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & D <sup>th</sup> enton		25. DATE RECD. BY LOCAL REG. 1-10-58	26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W. R. Peterson

Doctor, coroner, etc. must use only standard nomenclature in their list. No symptoms written or typed. All diseases in Part I must be causally related.



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 *Bruce R. Watkins* .....

Licensed Embalmer No. *4570* .....

P. O. Address *15th & Bent* .....

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.