

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001330

STATE FILE NUMBER

FILED JAN 21 1959

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 116

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) 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 Trinity Lutheran Hosp.			Length of stay in lb 42 yrs.	d. STREET ADDRESS 3647 Charlotte		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MISS CAROL Middle S Joles Last HAYDEN				4. DATE OF DEATH Month January Day 7 Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 3, 1888		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher			10b. KIND OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William H. Hayden			13b. MOTHER'S MAIDEN NAME Emma L. Regensdorf		14. NAME OF HUSBAND OR WIFE ----			
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 Mrs. G. S. Marsh - 2000 W. 48th Terrace				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage						* INTERVAL BETWEEN ONSET AND DEATH Approx 2 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ? Hypertension & arterio sclerosis.								
* Found in coma state in bed about 11am 1-6-1959 DUE TO (c)								
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 type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>								
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 January 6, 1959 to January 7, 1959 and last saw her alive on Jan. 6, 1959 Death occurred at 4:05 Jan. 1959 on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Joseph E. Walker MD (Degree or title)				22b. ADDRESS 936 Prof Bldg K.C. 6 Mo		22c. DATE SIGNED 1-7-1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City,		(State) Missouri	
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K.C., Missouri				ADDRESS 1-8-59	25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Neva Minshall	

Joseph E. Walker

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2-6-11

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 

Licensed Embalmer No. 5010

P. O. Address K.C., 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.