

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021415

STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3080

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI <u>Kansas</u> b. COUNTY JACKSON <u>Wagoner</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY.		c. CITY OR TOWN KANSAS CITY,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 414 Troupe	
3. NAME OF DECEASED (Type or print) First EDWARD Middle HAYDEN Last HAYDEN		4. DATE OF DEATH Month 6- Day 22- Year 59	
5. SEX M	6. COLOR OR RACE Col	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-17-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
11. BIRTHPLACE (City and state or country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Latch Hayden		13b. MOTHER'S MAIDEN NAME Della Pursley	
14. NAME OF HUSBAND OR WIFE Margaret Hayden		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. 510-12-4672		17. INFORMANT Mary Leake Address 414 Troupe K.C.K	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pending Autopsy findings acute posterior</u> DUE TO (b) <u>septal myocardial infarction</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-22-59 to 6-22-59 and last saw ^{her} him alive on 6-22-59 Death occurred at 11:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Abraham Galperin</u> (Degree or title) _____		22b. ADDRESS 2400 Cherry	
22c. DATE SIGNED 6-22-59		23a. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-27-59	
23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Nathan W. Thatcher ADDRESS K/C.K.		25. DATE RECD. BY LOCAL REG. 6-24-59	
26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>			

All diseases in Part I must be causally related.
 Every fever, etc., must use only standard nomenclature in item 10. No symptoms will be listed.

Abraham Galperin, M.D., USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....

P. O. Address.....

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.