

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 43688

FILED VS DEC 23 1959

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 138

ENDED

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| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> Length of stay in lb <u>6 Mo.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>I.O.O.F. HOSP.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Clay</u> c. CITY OR TOWN <u>North Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>2019 Iron St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
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| 3. NAME OF DECEASED (Type or print) First <u>MARVIN</u> Middle <u>S.</u> Last <u>HAYES</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>12</u> Year <u>1959</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-17-1878</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Restruant</u> | | 11. BIRTHPLACE (City and state or country) <u>Liberty, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Samuel Hayes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Virginia Estes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary B. Hayes</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT Address <u>Everett Hayes Liberty, Mo.</u> | | | |

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| 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>Cerebral hemorrhage</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>previous cerebral hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>6 mo.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | 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 <u>22 Sept 59</u> to <u>12 Dec 59</u> and last saw her/him alive on <u>12 December 59</u> Death occurred at <u>6:15 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE (Degree or title) <u>J.M. Waterman, MD</u> | | 22b. ADDRESS <u>Liberty, Mo</u> | | 22c. DATE SIGNED <u>19 Dec 59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec. 15, 1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u> | |
| 23d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Church-Archer Co. Liberty, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-19-59</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u> | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.