

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001601

FILED VS FEB 15 1960

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 627

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MO		Length of stay in 1b HOUR	c. CITY OR TOWN OLATHE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR OWL GUN CLUB INSTITUTION EAST BOTTOMS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 411 W. Cedar St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First KEITH Middle LOREN Last HAYS			4. DATE OF DEATH Month FEBRUARY Day 2 Year 1960	
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5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1909	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HR Hours 26 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE MAKER	10b. KIND OF BUSINESS OR INDUSTRY SHOE REPAIR	11. BIRTHPLACE (City and state or country) OLATHE, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JACOB NEWTON HAYS	13b. MOTHER'S MAIDEN NAME DORA SMITH	14. NAME OF HUSBAND OR WIFE ERMA HAYS
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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 515-32-5086	17. INFORMANT Mrs. Erma Hays Address 411 W. Cedar Olathe, Kansas
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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) Coronary Occlusion		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)	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owen	22b. ADDRESS 1134 Riatta Bldg	22c. DATE SIGNED 2-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Olathe City Cemetery	23d. LOCATION (City, town, or county) (State) Olathe, Johnson, Kansas
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24. FUNERAL DIRECTOR Julien-Flaming Funeral Home Grester T. Flaming	ADDRESS Olathe, Ks.	25. DATE RECD. BY LOCAL REG. Feb. 3, 1960	26. REGISTRAR'S SIGNATURE Norm Minshall
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BY AFFIDAVIT OF HIGH H. OWEN, 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester R. Flaming

Licensed Embalmer No. 4569

P. O. Address Wathe Lane

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.