URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006327

STATE FILE NUMBER

FILED VS MAR 3 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 711

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in Tb: 7 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY VERNON
c. CITY OR TOWN NEVADA — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 515 East Lee St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: T. Last: HAYES
4. DATE OF DEATH Month: FEBURARY Day: 7, Year: 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-19-89
9. AGE (last birthday): 70
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): Brakeman, Retired
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (City and state or country): Pleasant Hill, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ~~unknown~~ Perrit N. Hayes
13b. MOTHER'S MAIDEN NAME: ~~unknown~~ Lucinda Gardner
14. NAME OF HUSBAND OR WIFE: Mrs Emma Hayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 4-30-18 to 6-18-19
16. SOCIAL SECURITY NO.: 702-18-4987
17. INFORMANT: Mrs Emma Hayes, 515 E. Lee, Nevada, Mo. Address: Official Records VA Hospital, K.C., MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Branchial Carcinoma
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 ~~[illegible]~~ 1-31-60 to 2-7-60 and last saw him alive on
Death occurred at 3:15 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Turner (Degree or title) M.D.
22b. ADDRESS Kansas City
22c. DATE SIGNED 2-7-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: D. W. Newcomer's Sons ADDRESS: 1331 Brush Creek K. C. Missouri
25. DATE RECD. BY LOCAL REG.: 2-7-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF J. A. Turner

DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.