

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030579

FILED VS. SEP 6 1960 149

Primary Registration District No. 1002 Registrar's No. 4173

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>3 mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital/give location) HOSPITAL OR INSTITUTION <u>Conley Maternity</u>		d. STREET ADDRESS (If outside, give location) <u>814 W. 14th St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Frances</u> Middle <u>Lucille</u> Last <u>Hayes</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>14</u> Year <u>1960</u>			
5. SEX <u>Female</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>7-31-29</u>	9. AGE (last birthday) <u>31</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Versailles, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.F.</u>		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>James Banson</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Merriot</u>		14. NAME OF HUSBAND OR WIFE <u>Alson Leo 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>none</u>		17. INFORMANT Address <u>Alson Leo Hayes 814 W. 14th</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cardiac & Respiratory Exhaustion</u>		<u>8 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Post Partum hemorrhage, massive.</u>	<u>8 hours</u>
	DUE TO (c) <u>Aflogenicid due to Premature Separation of Placenta</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 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>3-7-60</u> to <u>8-14-60</u> and last saw her ^{her} alive on <u>8-14-60</u> Death occurred at <u>1:45</u> P on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Lee E Davidson DO</u>		22b. ADDRESS <u>2105 Independence Ave KCMO</u>	22c. DATE SIGNED <u>8-14-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-14-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Eldon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Eldon, Mo.</u>
24. FUNERAL DIRECTOR <u>Stine & McClure K.C. Mo.</u>		25. DATE REC'D BY LOCAL REG. <u>8-14-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Lee E. Davidson

VS SEP 6 - 1960

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

Thomas A. Gochler

Licensed Embalmer No. 4940

P. O. Address N.C., M.

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.