URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030581

FILED VS SEP 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4306 STATE FILE NUMBER

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 1b: 1 hr - 20 min
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1414 East 27th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Mary Middle: — Last: Hayes

4. DATE OF DEATH Month: 8 Day: 21 Year: 60

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-21-60

9. AGE (last birthday)

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: 1 Min.: 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: —

13b. MOTHER'S MAIDEN NAME: Diane Lorree Hayes

14. NAME OF HUSBAND OR WIFE: 1414 East 27th

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Diane Lorree Hayes

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) Premature Birth
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Unknown
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 8-21-60, to 8-21-60 and last saw her/him alive on 8-21-60
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L Hanes (Degree or title) M.D.

22b. ADDRESS 4706 Broadway

22c. DATE SIGNED 8-22-60

BY AFFIDAVIT OF Robert L. Hanes

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-22-60

23c. NAME OF CEMETERY OR CREMATORY: Mt St. Mary's

23d. LOCATION (City, town, or county): Kansas City (State): Mo

24. FUNERAL DIRECTOR: Wagner Funeral Home, K.C. Mo. ADDRESS

25. DATE RECD. BY LOCAL REG.: 8-22-60

26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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 r

or by Was Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Alvin R. Haunschel

Licensed Embalmer No. 4159

P. O. Address K. C. M

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