

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035322

FILED VS SEP 26 1960

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 114

10-10-60

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		Length of stay in 1b	c. CITY OR TOWN Osawatomie
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Warrensburg Medical Center INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1025 Pacific
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First William Middle -Roy- Last Hays			4. DATE OF DEATH Month Sept. Day 17 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1927	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Signalman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Walter R. Hays	13b. MOTHER'S MAIDEN NAME Violet Moraine	14. NAME OF HUSBAND OR WIFE Jo Anne Hays
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 513-20-4433	17. INFORMANT Address Walter R. Hays-Osawatomie, Kansas

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 1 day
IMMEDIATE CAUSE (a) Fracture of Cervical Spine		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auto Wreck.	
	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 checked="" 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.) Auto Accident
20c. TIME OF INJURY Hour 10:45 a.m. Month, Day, Year 9-17-1960		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #50 West 16 Miles	20f. CITY, TOWN, OR LOCATION Johnson, Missouri
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21. I attended the deceased from **9-17-60** to **9-17-60** and last saw him alive on **9-17-60**
Death occurred at **10:45** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS Warrensburg Mo	22c. DATE SIGNED 9-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-18-60	23c. NAME OF CEMETERY OR CREMATORY Osawatomie Kansas	23d. LOCATION (City, town, or county) (State) Osawatomie Kansas
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24. FUNERAL DIRECTOR Sweeney-Phillips-Warrensburg, Mo.	25. DATE RECD. BY LOCAL REG. Sept 18, 1960	26. REGISTRAR'S SIGNATURE Savannah Crutchfield
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BY AFFIDAVIT OF informant MEDICAL CERTIFICATION DOCUMENT

3-14-16 as amended

1960

DEC 9

VS OCT 10 1960

SEP 28 1960

VS APR 19 1961

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrens

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.