

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001423

FILED VS FEB 8 1961 No. 149 Primary Registration District No. 1002 Registrar's No. 374 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Jackson</i>		a. STATE <i>mo</i>		b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas city</i>		Length of stay in 1b <i>10 yrs</i>		c. CITY OR TOWN <i>Kansas city</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>633 Olive</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>633 Olive</i>	
3. NAME OF DECEASED (Type or print)		First <i>JOHN R.</i>		Middle <i>HAYS JR.</i>	
Last <i></i>		4. DATE OF DEATH		Month <i>1</i> Day <i>20</i> Year <i>1961</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-27-1890</i>	9. AGE (last birthday) <i>70</i>	IF UNDER 1 YEAR Months <i></i> Days <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (City and state or country) <i>Kansas city, Mo</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>John Hays</i>		13b. MOTHER'S MAIDEN NAME <i>Addie Hays</i>	
14. NAME OF HUSBAND OR WIFE <i></i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes WWI</i>		16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT <i>Yel. adm.</i>		Address <i>Kansas city, Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>		DUE TO (b) <i></i>		DUE TO (c) <i></i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i></i>		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		INTERVAL BETWEEN ONSET AND DEATH <i></i>	
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.) <i></i>			
20c. TIME OF INJURY Hour <i>1</i> Month, Day, Year <i>1-24-1961</i>	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.) <i></i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i></i>
21. I attended the deceased from <i></i> to <i></i> and last saw her/him alive on <i></i> . Death occurred at <i></i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Ruth A Owens Coroner</i>		22b. ADDRESS <i>152 Union Station</i>		22c. DATE SIGNED <i>1-21-61</i>	
23a. FUNERAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-24-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>U.S. National Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Ft. Leavenworth, Kan.</i>	
24. FUNERAL DIRECTOR <i>Kessantus Brax</i>		ADDRESS <i>KC Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-23-61</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 HUBB
 ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *St. Rossetino* _____

Licensed Embalmer No. 4554

P. O. Address Kc. Mo

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.