SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-033303
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 423

FILED SEP 19 1961

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b: 41 yrs

c. CITY OR TOWN Joplin
Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital
Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 621 Jaccard Place
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: DOROTHY Middle: Last: HAYS

4. DATE OF DEATH Month Day Year: September 3, 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 9-3-1891

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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Carbondale, Illinois

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: J. M. Evans

13b. MOTHER'S MAIDEN NAME: Minta Kirkham

14. NAME OF HUSBAND OR WIFE: William L. Hays

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: James E. Hays, 118 N. Sergeant, Joplin, Mo

MEDICAL CERTIFICATION

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)	Bleeding peptic ulcer	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diabetes mellitus	15 years
DUE TO (c)	Uremic poisoning	Unknown

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 [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 June 20, 1947, to September 2, 1961 and last saw her alive on September 2, 1961
Death occurred at 7:30 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. R. Kuhn Jr., M.D.

22b. ADDRESS: 321 Frisco Bldg, Joplin, Mo.

22c. DATE SIGNED: 9/7/61

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

23b. DATE: 9-5-1961

23c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State): Webb City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.: 9-13-1961

26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

SEP 12 1962

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.