MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-027133
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3596

FILED JUL 25 1962

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, Mo.
Length of stay in 1b: 3 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Riverscence Nurs. Home
Inside Limits: Yes X No ☐

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

3. NAME OF DECEASED (Type or print) First / Middle / Last: Dora P. Hayes
4. DATE OF DEATH: Month July Day 6 Year 62
5. SEX: Fe
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 12/25/74
9. AGE (last birthday): 87
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Grandin Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John Herron
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Lawrence W. Hayes (Decd)
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.: None
17. INFORMANT: Gus Schmidt Address: Topeka, Kansas

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs
DUE TO (c) Arteriosclerosis — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NO
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 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 NO
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 Jan 1, 1962, to July 6, 1962 and last saw her/him alive on July 6, 1962
Death occurred at ____ on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE M. B. Casebolt (Degree or title) M.B. Casebolt MD
22b. ADDRESS 4000 Baltimore Kansas City Mo
22c. DATE SIGNED 7-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/9/62
23c. NAME OF CEMETERY OR CREMATORY: Highland Park Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas
24. FUNERAL DIRECTOR: Paul R. Gibson ADDRESS: 19th & Minnesota Ave
25. DATE RECD. BY LOCAL REG.: 7-9-62
26. REGISTRAR'S SIGNATURE: Ruth H Long
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8150 X		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	331X		
10			
11			
12	86-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Phil C. Gibson

Licensed Embalmer No. 1137

P. O. Address 19th & Minnesota ave.

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.