

## STANDARD CERTIFICATE OF DEATH

State File No. ....

5708

FILED DEC 23 1953

BIRTH NO. ....

REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Benton</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>16 days</b>		c. CITY OR TOWN <b>FRISTOE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>0080</b>					
3. NAME OF DECEASED a. (First) <b>IRVIN</b> (Type or Print)			b. (Middle) <b>LEE</b>		c. (Last) <b>TEMPLETON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>December 3, 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>November 25, 1894</b>		9. AGE (in years last birthday) <b>59</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Bus driver</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Benton County, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Mr. James Templeton</b>				13b. MOTHER'S MAIDEN NAME <b>Clara Reader</b>		14. NAME OF HUSBAND OR WIFE <b>Kate TEMPLETON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Kansas City, Mo Veterans Administration Hospital</b>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis &amp; Bronchopneumonia</b>  ANTECEDENT CAUSES <b>Primary Carcinoma of the Lung</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>3 months</b>  <b>102h</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Nov. 17, 1953</b> , to <b>Dec. 3, 1953</b> , that I last saw the deceased <b>XXXXXX</b> and that death occurred <b>all:15A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Richard C. Schaffer M.D.</b> (Date of signature)				23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>				23c. DATE SIGNED <b>12/3/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>DEC. 4, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>-</b>		24d. LOCATION (City, town, or county) (State) <b>SEDALIA MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>12-4-53</b>		REGISTRAR'S SIGNATURE <b>Stardine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newsome's Sons</b> ADDRESS <b>1331 BRUSH CR. KANSAS CITY, MO.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No. 4182

P. O. Address K. C., 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.