

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1557

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 42

| | | | | | |
|---|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Barton | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Geary 8150 | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar 0 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Junction City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital | | Length of stay in lbs 2 days | d. STREET ADDRESS Unknown | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MARIE Middle ELLEN Last TIERS | | | 4. DATE OF DEATH Month May Day 27 Year 1956 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 21 1895 | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone operator | | 10b. KIND OF BUSINESS OR INDUSTRY Communications | 11. BIRTHPLACE (City and state or country) Fulton, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U. S. S. |
| 13. FATHER'S NAME W. M. Jones | | | 14. MOTHER'S MAIDEN NAME Clara J. Higbee | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Fred Tiers, Junction City, Kansas | | |
| 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 Concussion | | | | | INTERVAL BETWEEN ONSET AND DEATH May 25, 56 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Fractured left clavicle & multiple bruises of head & body | | | | | 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 - head on collision on 006 | | | | |
| 20c. TIME OF INJURY 12 p. m. May 25, 56 | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway # 71 | | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION Lamar, 7 mi south Barton Missouri | 20g. COUNTY Barton STATE Missouri | | | |
| 21. I attended the deceased from May 25, 1956 to May 27, 1956 and last saw her alive on May 26, 1956 Death occurred at 2 1/2 am on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Wm T. Bickel, M.D. | | | 22b. ADDRESS Lamar, Missouri | | 22c. DATE SIGNED 5/27/56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE May 27 1956 | 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | 23d. LOCATION (City, town, or county) (State) Ft. Scott, Kansas | | |
| 24. FUNERAL DIRECTOR Konantz Mortuary, Ft. Scott, Kansas | | 25. DATE RECD. BY LOCAL REG. 5-28-56 | 26. REGISTRAR'S SIGNATURE Marie Konantz | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in part of body by custody

REC'D JUN 5 1956

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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 by me, or by Student Embalmer No. working under my personal supervision..

Student Signature of Student Embalmer

Signed *Carl F. Konantz*

Licensed Embalmer No. 224

P. O. Address Lamar, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.