

FILED AUG 1 - 1957

STANDARD CERTIFICATE OF DEATH

State File No. **24668**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3266**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Ellsworth	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Ellsworth	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 12 days		e. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sz Marys Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Arlan b. (Middle) Dean c. (Last) Kohls		4. DATE OF DEATH (Month) (Day) (Year) July 12, 1957	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Mar 8, 1940	9. AGE (In years last birthday) 17 yrs	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy	11. BIRTHPLACE (City and State or Foreign Country) Ellsworth, KS	12. CITIZEN OF WHAT COUNTRY? U.S.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy	10b. KIND OF BUSINESS OR INDUSTRY public schools	11. BIRTHPLACE (City and State or Foreign Country) Ellsworth, KS	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Ernest W. Kohls	13b. MOTHER'S MAIDEN NAME Eche	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ernest W. Kohls	ADDRESS Ellsworth
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 17 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) post operative death.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			7542

19a. DATE OF OPERATION July 12, 1957	19b. MAJOR FINDINGS OF OPERATION Coarctation of aorta - Patent ductus arteriosus	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 15, 1957**, to **July 12, 1957**, that I last saw the deceased alive on **July 12, 1957**, and that death occurred at **6:52 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Hector W. Benoit, Jr. M.D. (Degree or title)	23b. ADDRESS 4620 Nichols Pkwy, Kansas City, Mo.	23c. DATE SIGNED July 13, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-13-57	24c. NAME OF CEMETERY OR CREMATORY Ellsworth Cem	24d. LOCATION (City, town, or county) (State) Ellsworth, KS.
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DATE REC'D BY LOCAL REG. 7-13-57	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Geo. F. Porter + Sons	ADDRESS M.F. Ke
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Hector W. Benoit

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..... *Chas. H. Rider*

Licensed Embalmer No. *3404*

P. O. Address *N.C. Ks*

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.