

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40852

STATE FILE NUMBER

FILED DEC 11 1957

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY SEDGWICK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBB CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WICHITA , Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JANE CHINN Length of stay in 1b 11 DAYS		d. STREET ADDRESS (If outside, give location) 643 S. MADISON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First OTIS Middle B Last HORSMAN		4. DATE OF DEATH Month DEC. Day 2, Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/10/1878
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRINTER		10b. KIND OF BUSINESS OR INDUSTRY PRINTER.	11. BIRTHPLACE (City and state or country) SEDGWICK COUNTY, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13. FATHER'S NAME NO DATA	
14. MOTHER'S MAIDEN NAME NO DATA		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.		17. INFORMANT MRS. CHARLES BALDWIN, WICHITA, KANSAS. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:- IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) MULTIPLE RT. FRACTURES DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) MULTIPLE PELVIS FRACTURE, FRACTURE RT. KNEE, RUPTURED LEFT KIDNEY			INTERVAL BETWEEN ONSET AND DEATH 36 HRS.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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.) CAR ACCIDENT		20c. TIME OF INJURY Hour 11:30 a. m. NOV. 21, 57.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hwy. Ints. 96457	
20f. CITY, TOWN, OR LOCATION CARL JCT. R# COUNTY JASPER STATE MO.		21. I attended the deceased from 11/21/57 to 12/2/57 and last saw him xxx alive on 12/2/57 Death occurred at 9 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W. W. Foster (Degree or title) D.O.		22b. ADDRESS 106 S. MAIN, WEBB CITY, MO.	
22c. DATE SIGNED 12/2/57.		23a. BURIAL, CREMATION, REMOVAL REMOVAL	
23b. DATE 12/4/57		23c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	
23d. LOCATION (City, town, or county) (State) WICHITA, KANSAS.		24. FUNERAL DIRECTOR HEDGE LEWIS FUNERAL HOME WEBB CITY, MO. ADDRESS	
25. DATE RECD. BY LOCAL REG. 12-2-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, & Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
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County File Number 57-14
Date Filed DEC 9 1957

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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 emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Richard G. Lewis*
Licensed Embalmer No. 440

P. O. Address *Wabbe Ave*

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