

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028285

FILED VS AUG 31 1959 042

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 872

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY BUCHANAN		b. CITY (If outside corporate limits, give TOWNSHIP only) RUSHVILLE RURAL ROUTE 2		a. STATE KANSAS		b. COUNTY DONIPHAN	
Length of stay in 1b 30 MINS.		c. CITY OR TOWN RURAL ROUTE 2, ATCHISON		d. STREET ADDRESS RURAL ROUTE 2		Inside Limits Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LARRY DEAN		Middle PETESCH		Month AUGUST 23		Day Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/18/44	9. AGE (last birthday) 14	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) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ATCHISON, Ks.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME FRED PETESCH		13b. MOTHER'S MAIDEN NAME LUCY BLUMA		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. FRED PETESCH, ATCHISON, Ks.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Suffocation						10 MIN	
DUE TO (b) Accidental drowning						10 MS	
DUE TO (c) Falling from raft							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)					
20c. TIME OF INJURY Hour 2 p.m. Month, Day, Year aug 23 59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Raft						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION ATCHISON		COUNTY KANSAS		STATE	
21. I attended the deceased from breathed body and last saw him alive on aug 23-59 Death occurred at 2 p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) St. Melaney M.D. Coronor				22b. ADDRESS 24 Kerkpatrick St Joe MO Bldg		22c. DATE SIGNED aug 26 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-26-59	23c. NAME OF CEMETERY OR CREMATORY MT. CALVARY		23d. LOCATION (City, town, or county) ATCHISON KANSAS		(State)	
24. FUNERAL DIRECTOR HAROUFF - BUIS			ADDRESS ATCHISON, Ks.		25. DATE RECD. BY LOCAL REG. Aug. 28, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

DOCUMENT

BY AFFIDAVIT OF ST. Melaney, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

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

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. P. Dyer

Licensed Embalmer No. 432

P. O. Address Atchison

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