

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029017

FILED VS. SEP 14 1959 149

Primary Registration District No. 1002 Registrar's No. 4168

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City			Length of stay in 1b 2 weeks		c. CITY OR TOWN Prairie Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5304 West 76th Terr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RUTH Middle E. Last CRANE				4. DATE OF DEATH Month August Day 26, Year 1959					
5. SEX Female	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 12-27-1907	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lindsburg, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Lucian S. Lewis			13b. MOTHER'S MAIDEN NAME Hanna E. Haggstrand			14. NAME OF HUSBAND OR WIFE Thomas Crane			
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. 487-03-6110		17. INFORMANT Address Thomas Crane 5304 W.76th Terrace				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 3 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aneurysm, at middle cerebral artery			DUE TO (c)			Congenital			
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 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 e.m. p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Aug 10 - 59 to Aug 26 - 59 and last saw her ^{him} alive on Aug 25 - 59 Death occurred at 1:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Russ C Lewis M.D.				22b. ADDRESS 411 Nichols Rd Kansas City - Mo.				22c. DATE SIGNED 8-26-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-28-59		23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Herrington, Kansas			
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 8-27-59		26. REGISTRAR'S SIGNATURE New Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Russ C. Lewis

Dr. W. C. James
Olaya James Bldg
411 North 4th

JE 1-164
2:30-5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter H. Erwin

Licensed Embalmer No. 435
P. O. Address K.C.

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