

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS NOV 2 1959

59-035953

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. _____ Registrar's No. 182

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Laredo</u>		Length of stay in 1b <u>10 hours</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1047 Kansas Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lora</u> Middle <u>Delman</u> Last <u>Chrisman</u>			4. DATE OF DEATH Month <u>October</u> Day <u>26</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 15 1887</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machin. Shop</u>		11. BIRTHPLACE (City and state or country) <u>Laredo Missouri</u>		
13a. FATHER'S NAME <u>Thomas Chrisman</u>		13b. MOTHER'S MAIDEN NAME <u>Miranda Dudley</u>		14. NAME OF HUSBAND OR WIFE <u>Lola Chrisman</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>707-16-4927</u>	17. INFORMANT <u>WVea Ishmael Laredo</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Natural Causes</u>		INTERVAL BETWEEN ONSET AND DEATH
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)		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>Person fell dead in presence of relatives. Death probably due to cerebral Hemorrhage</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>Oct 27, 1959</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION <u>Donald A Slater</u> Grundy County, <u>Coroner</u> STATE	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Irene Fair, Local Registrar Trenton Mo</u>	22b. ADDRESS <u>Kansas City Kansas</u>	22c. DATE SIGNED <u>10/27/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burned/Removed</u>	23b. DATE <u>10/27/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>P.W. Newcomer + Sons</u>	23d. LOCATION (City, town, or county) <u>Kansas City Kansas</u>
24. FUNERAL DIRECTOR <u>E.J. Robertson Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>10/27/59</u>	26. REGISTRAR'S SIGNATURE <u>Irene Fair</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 NOV 3 SA

DEC 2 1959

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 *J. M. Robertson*

Licensed Embalmer No. 4388

P. O. Address Laredo

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.