DURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-036245

FILED VS NOV 2 1959

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 5000 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 1 yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Little Sisters of Poor — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Lenexa — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 110 st & Switzer Rd — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First John Middle C Last Kaufman
4. DATE OF DEATH Month Oct Day 16 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 7-6-1866
9. AGE (last birthday) 93 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Pa.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Johann Kaufman
13b. MOTHER'S MAIDEN NAME Mary Athofer
14. NAME OF HUSBAND OR WIFE Anna Kaufman
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. None
17. INFORMANT Mrs Emil Klein — Address Lenexa Kan.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia (Hypostatic) — INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Esophageal Varicies c̄ Hemorrage.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3/19/58 to 10/16/59 and last saw ~~her~~ him alive on 10/16/59
Death occurred at 8 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Fogarty (Degree or Title) DO
22b. ADDRESS 402 Northman Bg K.C. Mo
22c. DATE SIGNED 10/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 19 '59
23c. NAME OF CEMETERY OR CREMATORY St John's
23d. LOCATION (City, town, or county) Lenexa Kan. (State)
24. FUNERAL DIRECTOR Hoge Funeral Home, ADDRESS Overland Park Kan
25. DATE RECD. BY LOCAL REG. 10-17-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Joseph A. Fogarty — DOCUMENT — 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Royce Hoge
W. A.

Licensed Embalmer No. 3579

P. O. Address_____

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