...OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040410
STATE FILE NUMBER

...MENDED FILED VS NOV 8 0 1959 Registrar's District No. 149 Primary Registration District No. 1002 Registrar's No. 5498

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 4 hrs. 50 Min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Brown
c. CITY OR TOWN Hiawatha
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 410 Oregon St.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Roy Middle: N. Last: Syster
4. DATE OF DEATH Month: Nov. Day: 14 Year: 1959
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-6-1893
9. AGE (last birthday) 66
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) laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Reserve, Kansas
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 6-27-18 to 6-12-19
16. SOCIAL SECURITY NO. 515-09-4087
17. INFORMANT Official records V. A. Hospital K.C.Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) pulmonary congestion and edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) broncho pneumonia, right and left lower lobes
DUE TO (c) bronchial carcinoma
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 11-14-59, to 11-14-59 and last saw her/him alive on
Death occurred at 4:50A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo O Koellhofer (Degree or title) Acting Coroner
22b. ADDRESS 6627 Prospect K. C. Mo.
22c. DATE SIGNED 11-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Nov. 14, 1959
23c. NAME OF CEMETERY OR CREMATORY Hiawatha Cem.
23d. LOCATION (City, town, or county) (State) Hiawatha, Kans.

24. FUNERAL DIRECTOR D. W. Newcomer's Sons ADDRESS K. C. Mo.
25. DATE RECD. BY LOCAL REG. 11-14-59
26. REGISTRAR'S SIGNATURE Neva Marshall

BY AFFIDAVIT OF Geo. C. Koellhofer

DOCUMENT

...r on Reverse Side)

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 Albert L Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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