

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000314

FILED VS. FEB 8 1960

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Registrar's No. 129

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 15 Days		c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunnyslope Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) - - -		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Viola Middle Last Frakes				4. DATE OF DEATH Month Jan Day 29 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/4/1884	9. AGE (last birthday) 75	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) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Brenner Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Jefferson McNamee			13b. MOTHER'S MAIDEN NAME Ella Thomas			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT R. E. Frakes		Address Highland Kansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden fatal hemorrhage from g.d. tract							INTERVAL BETWEEN ONSET AND DEATH less than 24 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Probably from a duodenal ulcer.						
		DUE TO (c) no malignancy had been found.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) paralysis of left arm and leg on Jan 14 '60 - see med. records hospital Jan 15 to Feb 22 '60.							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 a.m. p.m. 2:30 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Mar. 15 '59 to Jan 29 '60 and last saw her ^{her} _{him} alive on Jan 27 '60 . Death occurred at 10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) A. E. Cordonier, M.D.				22b. ADDRESS 170 E. Walnut St., Troy Kansas		22c. DATE SIGNED Jan 29 '60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/29/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive		23d. LOCATION (City, town, or county) (State) Troy Kansas			
24. FUNERAL DIRECTOR Vernon B. Tibbitts			ADDRESS Troy Kansas		25. DATE RECD. BY LOCAL REG. Feb. 1, 1960		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

DOCUMENT

A.E. Cordonier, M.D. CERTIFICATION

BY AFFIDAVIT OF

Feb 1

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address Watkins, N.Y.

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.