

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000418

FILED VS FEB 1 1960 042

Registration District No. Primary Registration District No. 1000 Registrar's No. 113

STATE FILE NUMBER

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 4 DAYS		c. CITY OR TOWN WATHENA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. METHODIST HOSP.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. # 1			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First TYRE Middle HARRIS Last VORIES				4. DATE OF DEATH JAN 26, 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH DEC. 4, 1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARM OWNER		11. BIRTHPLACE (City and state or country) WATHENA, KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME TIOBLMAN VORIES			13b. MOTHER'S MAIDEN NAME MARN HARRIS			14. NAME OF HUSBAND OR WIFE ---		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT MISS MARY VORIES - WATHENA, KANSAS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		Coronary Heart failure					4 months	
DUE TO (b)		arteriosclerosis					several years	
DUE TO (c)		Pneumonia & arteriosclerotic heart disease					several years	
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 a.m. p.m.		Month, Day, Year						
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 9-22-59 to 1-26-60 and last saw ^{her} him alive on 1-26-60 Death occurred at 2:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Lucien W. Ide M.D.				22b. ADDRESS 902 Edward St. Joseph Mo		22c. DATE SIGNED 1-28-60		
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/28/1960	23c. NAME OF CEMETERY OR CREMATORY MT. MORA CEMETERY			23d. LOCATION (City, town, or county) ST. JOSEPH, MISSOURI			(State)
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME - WATHENA, KANSAS			ADDRESS		25. DATE RECD. BY LOCAL REG. Jan. 28, 1960	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell		

DOCUMENT

MEDICAL CERTIFICATION
L.W. Ide, M.D.

BY AFFIDAVIT OF

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. Herman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANS.

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.