

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =60-001602

FILED VS FEB 1 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 228 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 20 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1412 Central		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1412 Central Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First La VERNA Middle F. Last HAYS			4. DATE OF DEATH Month Jan Day 11 Year 1960		
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5. SEX Female	6. COLOR OR RACE White	7. Mar. <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH XX 8-22-1918	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months 1 Days 11	IF UNDER 24 HR Hours 11 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (City and state or country) Loup City, Neb.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James Thomazin	13b. MOTHER'S MAIDEN NAME Lois McCombs	14. NAME OF HUSBAND OR WIFE M.C. McClean
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Duane Thomazin Seneca, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) B. Latent Lobar Pneumonia		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 checked="" 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.)
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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 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 _____
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Bob C. Keel</i>	(Degree or title)	22b. ADDRESS 6677 Park Blvd 15 Omaha	22c. DATE SIGNED 1-12-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-14-1960	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Loup City, Neb.
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home	25. DATE RECD. BY LOCAL REG. 1-14-60	26. REGISTRAR'S SIGNATURE <i>Nevas Minshall</i>
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Woodland-Linwood (Licensed Embalmer's Statement on Reverse Side)

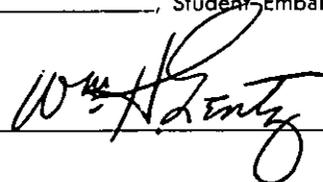
BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION Keel, Hofer

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



Licensed Embalmer No. 5038
P. O. Address K. C. Mo

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.