

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 4 1960 149

=60-001662
486 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE KANSAS	b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS City	Length of stay in 1b <i>SINCE</i> OCT 26-1959	c. CITY OR TOWN Westwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2601 W. 47th TERRACE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Lester	Middle Smith	Last Kelso	Month JAN	Day 26	Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-10-1908	9. AGE (last birthday) 51	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) Master Mechanic		10b. KIND OF BUSINESS OR INDUSTRY T. W. A.		11. BIRTHPLACE (City and state or country) Clear Ridge, Penn.		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Will Kelso		13b. MOTHER'S MAIDEN NAME Nellie Anderson		14. NAME OF HUSBAND OR WIFE Bessie S. Kelso		
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. 495-03-6981		17. INFORMANT Bessie S. Kelso Address 2601 W. 47th Terr.		

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 occlusion, recurrent	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arterio-sclerotic heart disease	
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 pregnant 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 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 **Oct. 26-1959** to **Jan 26-1960** and last saw her **alive** on **Jan 26-1960**.
Death occurred at **noon** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R Paul Wright, M.D.		22b. ADDRESS Kansas City - Mo. 1324 Prof. Bldg		22c. DATE SIGNED Jan 27-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-27-1960	23c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		23d. LOCATION (City, town, or county) (State) Everest, KANSAS
24. FUNERAL DIRECTOR Gates Funeral Home		ADDRESS 1901 Olathe Blvd.	25. DATE RECD. BY LOCAL REG. 1-27-60	26. REGISTRAR'S SIGNATURE Neva Marshall

BY AFFIDAVIT OF Paul Wright
MEDICAL CERTIFICATION
DOCUMENT

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 Paul R. Williamson

Licensed Embalmer No. 5009
P. O. Address Overland Park
Kansas

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.