

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001753

FILED VS FEB 4 1960 149

Registration District No. 1012 Registrar's No.

426

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 12 days	c. CITY OR TOWN Overland Park		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 Luth. Hospt.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8619 Craig Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle W. Last Middleton			4. DATE OF DEATH Month Jan. Day 24, Year 1960		
5. SEX Male	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 12-30-1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber	11. BIRTHPLACE (City and state or country) Platte Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John H. Middleton		13b. MOTHER'S MAIDEN NAME Alice Gray Montrey		14. NAME OF HUSBAND OR WIFE Frances Middleton	
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. 515-32-6020A		17. INFORMANT Address Overland PK, Ks. Mrs Pearl Henderson (daughter)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia Sept Thruing -				INTERVAL BETWEEN ONSET AND DEATH 3 days	
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). fracture left femoral neck				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 checked="" 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.) Fell in house - attempting			
20c. TIME OF INJURY Hour 6:00 a.m. p.m. Month, Day, Year 1-11-60	to arise from a chair				
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.) Home	20f. CITY, TOWN, OR LOCATION Overland Park	COUNTY Johnson	STATE Kans	
21. I attended the deceased from Jan-12-60 to Jan-24-60 and last saw him alive on Jan-23-60 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Carl H. Brust		(Degree or title) MD	22b. ADDRESS 106 W 14th St Kansas City Mo		22c. DATE SIGNED 1-25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-26-60	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Simmons Funeral Home KC Ks.		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-25-60	26. REGISTRAR'S SIGNATURE Neva Minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl H. Brust

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 May E. Meyer

Licensed Embalmer No. 4555

P. O. Address K. C. Ks

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