

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-005238

FILED VS FEB 23 1960

042

Primary Registration District No. 1000

Registrar's No. 202

STATE FILE NUMBER

DOCUMENT

MEDICAL CERTIFICATION
F. Peterson, M.D.

BY AFFIDAVIT OF

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 12 DAYS		c. CITY OR TOWN WATHENA		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 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 PHILIPP Middle MILO Last MILLER				4. DATE OF DEATH FEBRUARY 12, 1960 Month Day Year			
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 Nov. 22, 1939	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY KANSAS UNIVERSITY		11. BIRTHPLACE (City and state or country) WATHENA, KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME KENNETH MILLER			13b. MOTHER'S MAIDEN NAME JULIET BUELL			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			16. SOCIAL SECURITY NO.		17. INFORMANT Address KENNETH MILLER-WATHENA, 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) Encephalitis, exact etiology undetermined as yet						INTERVAL BETWEEN ONSET AND DEATH 15 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)						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 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.)				
20c. TIME OF INJURY Hour _____ s.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 2-1-60 to 2-12-60 and last saw her alive on 2-11-60 Death occurred at 5:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Frank Peterson, M.D.</i>				22b. ADDRESS Wathena, Kansas			22c. DATE SIGNED 2/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2/12/60	23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY		23d. LOCATION (City, town, or county) (State) WATHENA, KANSAS		
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME-WATHENA, KANSAS				25. DATE RECD. BY LOCAL REG. Feb 16, 1960	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>		

STATEMENT BY LICENSED EMBALMER

MAR 15

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. Harmon

Licensed Embalmer No. 4487

P. O. Address WATHENA, 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.