

UNRECORDED DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006171

FILED VS MAR 11 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1123

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Atchison</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>2 yrs.</i>		c. CITY OR TOWN <i>Atchison</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Marys Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Patricia</i> Middle <i>Gale</i> Last <i>Broshaus</i>				4. DATE OF DEATH Month <i>Feb</i> Day <i>24</i> Year <i>1960</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>11-18-39</i>		9. AGE (last birthday) <i>20</i>		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) <i>student nurse</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Student Nurse</i>		11. BIRTHPLACE (City and state or country) <i>Atchison, Kans.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>					
13a. FATHER'S NAME <i>Walter W. Broshaus</i>				13b. MOTHER'S MAIDEN NAME <i>Pauline Anderson</i>				14. NAME OF HUSBAND OR WIFE <i>none</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>				16. SOCIAL SECURITY NO. <i>515-36-8389</i>		17. INFORMANT Address <i>Walter Broshaus Atchison, Kans.</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Over dose sedatives</i>								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 immediate disease condition given in PART I (a) <i>had been taking psychiatric treatment had depression</i>								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"/>		20. 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.) <i>Had depression</i>									
20c. TIME OF INJURY Hour <i>3</i> Month <i>2</i> Day <i>24</i> Year <i>60</i>				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.) <i>St Marys Hosp</i>		20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>		COUNTY <i>Jackson</i>		STATE <i>MI</i>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Richard Owens Coroner</i>						22b. ADDRESS <i>1034 Pinalto Bldg</i>			22c. DATE SIGNED <i>2-25-60</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-25-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>			23d. LOCATION (City, town, or county) <i>Atchison, Kansas</i>			23e. (State)			
24. FUNERAL DIRECTOR <i>Harouff-Buis</i>				ADDRESS <i>Atchison, Kansas</i>		25. DATE RECD. BY LOCAL REC. <i>2-25-60</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>					

DOCUMENT

MEDICAL CERTIFICATION

H. OWENS

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 John R. Edman

Licensed Embalmer No. 4231

P. O. Address Kansas City

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.