URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010953

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1500

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 1 hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Franklin
c. CITY OR TOWN Ottawa
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1124 N. Cherry
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Clyde Middle Goodrick Last Giffin
4. DATE OF DEATH: Month March Day 12 Year 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-2-'93
9. AGE (last birthday): 66
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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (City and state or country): Blue Mound, Kansas
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Samuel Shaw Giffin
13b. MOTHER'S MAIDEN NAME: Lenora Goodrick
14. NAME OF ~~HUSBAND OR~~ WIFE: Marjorie Giffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 511-34-0095
17. INFORMANT: Marjorie Giffin Address: OTTAWA, KANS.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY Occlusion — DAYS
DUE TO (c) CORONARY ARTERY DISEASE — YEARS
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/30/59, to 3/12/60 and last saw ~~him~~ alive on 3/12/60
Death occurred at 9:35 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Milton S. Steinberg D.O.
22b. ADDRESS 926 E. 11th STREET, K.C. 6, Mo.
22c. DATE SIGNED 3/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-13-60
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Ottawa Kansas

24. FUNERAL DIRECTOR ADDRESS Joe Towner, Ottawa, Kansas
25. DATE RECD. BY LOCAL REG. 3-13-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Milton S. Steinberg MEDICAL CERTIFICATION

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. Sidmo

Licensed Embalmer No. 453

P. O. Address Kansas City

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