

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-011083

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 1796

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 27 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 104 E. 51st Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle E. Last Lohner	4. DATE OF DEATH Month 3 Day 26 Year 1960
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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 11-28-1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker	10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (City and state or country) Bradford, Penn	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Joseph Lohner	13b. MOTHER'S MAIDEN NAME Augusta Hodge	14. NAME OF HUSBAND OR WIFE Catherine R. Lohner
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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. 487-01-8935	17. INFORMANT Catherine R. Lohner 104 E 51st
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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 insufficiency	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerotic heart disease	5 years
	DUE TO (c) generalized arteriosclerosis	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). diabetes mellitus	PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 10:30 a.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
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21. I attended the deceased from December 1959 to 26 March 1960 and last saw him alive on 26 March 1960 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Stanley L. Goldman MD (Degree or title)	22b. ADDRESS 751 E 63 Kansas City Mo	22c. DATE SIGNED 29 March 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-29-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	23d. LOCATION (City, town, or county) (State) Kansas City, 38, Mo.
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24. FUNERAL DIRECTOR Melody-MoGilley-Eylar ADDRESS 20 W. Linwood K.C. Mo.	25. DATE RECD. BY LOCAL REG. 3. 28. 60	26. REGISTRAR'S SIGNATURE Irene Minshall
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DOCUMENT

BY AFFIDAVIT OF Stanley L. Goldman MEDICAL CERTIFICATION

Dr. Henry G.
Willie at St.
Hospital Se
around 9:30

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 Wm. H. Gentry

Licensed Embalmer No. 5038

P. O. Address K.C., Mo.

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.