

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011094

FILED VS. APR. 4 1960 149

Registration District No. 1002 Registrar's No. 1585

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 Days	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 St Lukes Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3254 N 63rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Alice Middle Mc EUOY Last Mc EUOY			4. DATE OF DEATH Month 3 Day 15 Year 60			
5. SEX female	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 5-26-80	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Iowa		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Ezra Dickson	13b. MOTHER'S MAIDEN NAME Margaret Welch		14. NAME OF HUSBAND OR WIFE Hugo	
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. none	17. INFORMANT Mrs John C. Ogden Des Moines, Iowa			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of Coronary Artery DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peptic Ulcer & Hemorrhage 24 hrs prior to coronary				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY. Hour _____ a.m. _____ p.m. Month, Day, Year _____	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.) Kansas City	20f. CITY, TOWN, OR LOCATION Jackson Mo.	COUNTY	STATE	
21. I attended the deceased from Dec. 29, 1946 to March 15, 1960 and last saw her alive on March 15, 1960 Death occurred at 2:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Richard L. Lehner M.D.			22b. ADDRESS 1103 Grand Kansas City, Mo.		22c. DATE SIGNED 3/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3/19/60	23c. NAME OF CEMETERY OR CREMATORY St Patricks Cemetery	23d. LOCATION (City, town, or county) (State) Williamsburg, Kansas			
24. FUNERAL DIRECTOR JOS. A. BUTLER'S SONS K.C.K		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-17-60	26. REGISTRAR'S SIGNATURE Wesley Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Richard L. Lehner

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 Russell Woburnis

Licensed Embalmer No. 3462

P. O. Address K. C. Ks.

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