RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-015371

FILED VS APR 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1855 STATE FILE NUMBER

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 78 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Maine b. COUNTY Kennebec
c. CITY OR TOWN Augusta
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 111 Western Avenue
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Lewis Middle: Last: Hasey
4. DATE OF DEATH Month: 3rd Day: 30th Year: 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-20-87
9. AGE (last birthday) 72 yrs
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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Westbrook, Maine
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Maude Hasey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 7/6/18 to 12/10/18
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Maude Hasey, Augusta, Maine Address VA Hospital Records, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cor pulmonale with patent formen ovale
DUE TO (c) Vesicular emphysema with pulmonary fibrosis
INTERVAL BETWEEN ONSET AND DEATH
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.) VA
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 12,1960, to March 30,1960 ~~and last saw him alive on~~
Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ALBERT L. CHASSON, M.D. Albert L. Chasson MD
22b. ADDRESS V.A.Hospital, Kansas City, Mo
22c. DATE SIGNED 3/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE MARCH 31, 1960
23c. NAME OF CEMETERY OR CREMATORY AUGUSTA CEM
23d. LOCATION (City, town, or county) (State) AUGUSTA MAINE

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.
ADDRESS
25. DATE RECD. BY LOCAL REG. 3-31-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Remember

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Roger F. Fuller

Signature of Student Embalmer

Licensed Embalmer No. 4818

P. O. Address K.C. Mo.

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.