

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015463

FILED VS APR 26 1960

149

Registration District No. 1002

Registrar's No.

2011

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>1 1/2 mo.</b>		c. CITY OR TOWN <b>Bethel</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>7135 Greely</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Laughery Jr.</b> Last <b>Laughery Jr.</b>				4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>1960</b>									
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/4/1919</b>		9. AGE (last birthday) <b>41</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <b>builder</b>				11. BIRTHPLACE (City and state or country) <b>Kansas City, Kans.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Charles Laughery</b>				13b. MOTHER'S MAIDEN NAME <b>Mildred B. Lunch</b>				14. NAME OF HUSBAND OR WIFE <b>Alberta B. Laughery</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>513-09-1089</b>		17. INFORMANT <b>Mrs. Alberta Laughery</b> Address <b>Home</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Osteogenic Sarcoma</b>										INTERVAL BETWEEN ONSET AND DEATH <b>18 mo</b>			
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 terminal disease condition given in PART I (a)								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"/>		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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.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			
21. I attended the deceased from <b>2-13-57</b> to <b>4/8/60</b> and last saw him alive on <b>4/7/60</b> Death occurred at <b>232 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Please print or title) <b>Richard L. Lerner, M.D.</b>					22b. ADDRESS <b>1400 - 1103 Grand</b>				22c. DATE SIGNED <b>4-9-60</b>				
23a. BURIAL CREMATION, (REMOVED) (Specify) <b>Burial</b>		23b. DATE <b>4-11-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Chapel Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>							
24. FUNERAL DIRECTOR <b>R. A. Fulton</b> ADDRESS <b>Kansas City, Kansas</b>				25. DATE RECD. BY LOCAL REG. <b>4-9-60</b>		26. REGISTRAR'S SIGNATURE <b>neva Minshel</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Richard L. Lerner

APR 20 1960

**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

*Ralph A. Fulton*

Licensed Embalmer No. 350

P. O. Address NCK

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.