

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015599

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2478 STATE FILE NUMBER

| | | | | | | |
|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in lb <u>6 Days</u> | c. CITY OR TOWN <u>Topeka, Kansas</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Marys Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1420 N. Monroe</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Victor Rivera</u> | | | 4. DATE OF DEATH Month <u>5</u> Day <u>3</u> Year <u>60</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Mexican</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-10-1887</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.P. RR</u> | 11. BIRTHPLACE (City and state or country) <u>San Diego, Texas</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>Doroteo Rivera</u> | | 13b. MOTHER'S MAIDEN NAME <u>Conception Valdez</u> | | 14. NAME OF HUSBAND OR WIFE <u>Austreverta</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>712-05-6766</u> | 17. INFORMANT <u>Austreverta Rivera</u> Address <u>Topeka, Kansas</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma left lung</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> | |
| 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 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 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 <u>10-1-59</u> to <u>5-3-60</u> and last saw him alive on <u>5-3-60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Graham Owens M.D.</u> | | | 22b. ADDRESS <u>906 Grand K.C.Mo</u> | | 22c. DATE SIGNED <u>5-4-60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>5-4-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u> | | | |
| 24. FUNERAL DIRECTOR <u>Simmons Funeral Home K.C.K.</u> | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>5-4-60</u> | 26. REGISTRAR'S SIGNATURE <u>Reva Minchell</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Graham Owens

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 Donan K. Jamn

Licensed Embalmer No. 482

P. O. Address K.E.K.

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