

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019451

FILED JUN 15 1960

149

Primary Registration District No. 1002

Registrar's No.

2907

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 WOODSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 92 days	c. CITY OR TOWN YATES CENTER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 308 E. Madison (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FAUNTLEROY Middle NONE Last IBBETSON			4. DATE OF DEATH Month MAY Day 28 Year 1960			
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5. SEX MALE	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 5-22-96	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____ Hours _____	IF UNDER 24 HR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Lessee	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ROSE, KAN SAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME MILTON IBBETSON	13b. MOTHER'S MAIDEN NAME MARY DOVE	14. NAME OF HUSBAND OR WIFE _____
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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) YES WW I	16. SOCIAL SECURITY NO. 511-32-6018	17. INFORMANT Rolla Ibbetson 3522 Montgall, K.C., Mo. Official Records VA Hospital, K.C., Mo.
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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: IMMEDIATE CAUSE (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
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"/> N- <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 _____ a.m. _____ p.m.	Month, Day, Year _____
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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. **VA** attended the deceased from **February 26, 1960** to **May 28, 1960** ~~1/1/60 to 5/28/60~~
Death occurred at **8:40 P.M.** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leah S. Stephen J. M.D.	22b. ADDRESS VA Hospital, K.C., Mo.	22c. DATE SIGNED 5-28-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Yates Center Cem	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
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24. FUNERAL DIRECTOR Dwnewcomer's Son,	25. DATE RECD. BY LOCAL REG. 5-29-60	26. REGISTRAR'S SIGNATURE Reva Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John V. Henrich
Licensed Embalmer No. 41848

P.O. Address N. S. 17, 20

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.