

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019638

FILED VS. JUN. 6 1960 149

Primary Registration District No. 1002 Registrar's No. 2741

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>37 years</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1045 1/2 9th</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Charles Leon Squibb</i>			4. DATE OF DEATH Month Day Year <i>5 17 60</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7/22-1909</i>	9. AGE (last birthday) <i>50</i>	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, or if retired) <i>Retired Dock Worker - Murray Transfer Company</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Orologo.</i>		11. BIRTHPLACE (City and state or country) <i>Mo. U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME <i>Charles Squibb (6)</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Myers (6)</i>		14. NAME OF HUSBAND OR WIFE <i>Verna Squibb</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] <i>NO</i>		16. SOCIAL SECURITY NO. <i>493-12-2421</i>		17. INFORMANT <i>Mrs. Verna Mae Squibb Kansas City Missouri</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intestinal Obstruction</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>intra-abdominal adhesions</i>			
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 checked="" 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 Month, Day, Year <i>4-25-60</i>	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 *4-25-60* to *5/19/60* and last saw him alive on *5/17/60*
Death occurred at *3:50 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>H L Dwyer MD</i>		22b. ADDRESS <i>22nd 2400 Cherry - City</i>		22c. DATE SIGNED <i>5/17/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/20/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City Missouri</i>	

24. FUNERAL DIRECTOR ADDRESS <i>D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>5-19-60</i>	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *H L Dwyer*

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

Chester K Brown

Licensed Embalmer No. 493

P. O. Address K P M

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.