

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022389

FILED VS JUL 11 1960

042

Primary Registration District No. 1000

Registrar's No. 721

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BUCHANAN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 1 HR.	c. CITY OR TOWN ELWOOD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle LUTHER Last MEERS SR.			4. DATE OF DEATH Month JUNE Day 28 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 18, 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM LABORER	11. BIRTHPLACE (City and state or country) SPARKS, KANSAS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME SAMUEL MEERS		13b. MOTHER'S MAIDEN NAME ROSE ANN BLEVINS		14. NAME OF HUSBAND OR WIFE JESSIE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 721-05-3924		17. INFORMANT Address Mrs. JESSIE MEERS-ELWOOD, KANSAS.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion - Myocardial Infarction 12 hours					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) None known				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 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 6-28-60 to 6-28-60 and last saw her/him alive on 6-28-60 Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Dr. Peterson</i> (Degree or title) M.D.		22b. ADDRESS Wathena, Ks		22c. DATE SIGNED 7/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JUNE 28, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE		23d. LOCATION (City, town, or county) (State) TROY KANSAS	
24. FUNERAL DIRECTOR CHARLES M. HARMAN HARMAN FUNERAL HOME		ADDRESS WATHENA, KANSAS	25. DATE RECD. BY LOCAL REG. July 1, 1960		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>

DOCUMENT

Evan Peterson, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 12 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 Charles M. Stamm

Licensed Embalmer No. 4487

P. O. Address Waltham,

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.