

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

3026-60-023213
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 4 yrs. | c. CITY OR TOWN KANSAS CITY MO. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2235 EAST 68th TERR | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2235 EAST 68th ST. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL FLOYD HERR | 4. DATE OF DEATH Month Day Year JUNE 3, 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 2 27 73 | 9. AGE (last birthday) 87 | 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, even if retired) BARBER | 10b. KIND OF BUSINESS OR INDUSTRY TROY KANSAS | 11. BIRTHPLACE (City and state or country) TROY KANSAS | 12. CITIZEN OF WHAT COUNTRY USA |
|--|---|--|---|

| | | |
|---|---|--|
| 13a. FATHER'S NAME JESSE HERR | 13b. MOTHER'S MAIDEN NAME ELIZABETH UNKNOWN | 14. NAME OF HUSBAND OR WIFE LYDIA M HERR |
|---|---|--|

| | | |
|---|---|---|
| 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. 486 07 3242 | 17. INFORMANT Address LYDIA M HERR 2235 E. 68th Terr. |
|---|---|---|

| | |
|---|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Rt. external Ear with metastases | 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"/> 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 Aug - 26 - 1959 and last saw him alive on June 5 - 1960 Death occurred at 2235 E 68th Terr 3:50 PM on the date stated above, and to the best of my knowledge, from the causes stated. |
|--|

| | | |
|--|--|-----------------------------------|
| 22a. SIGNATURE (Degree or title) G. C. Remley MD | 22b. ADDRESS 936 Argyle Blvd | 22c. DATE SIGNED 6-4-60 |
|--|--|-----------------------------------|

| | | | |
|--|---------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JUNE 6 1960 | 23c. NAME OF CEMETERY OR CREMATORY HOLTON CEM | 23d. LOCATION (City, town, or county) (State) HOLTON KANSAS |
|--|---------------------------------|---|---|

| | | |
|--|---|---|
| 24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS KC. MO. | 25. DATE RECD. BY LOCAL REG. June 6, 1960 | 26. REGISTRAR'S SIGNATURE Neva Marshall |
|--|---|---|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF G. C. Remley

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

Norman W. Holson

Licensed Embalmer No. 4887

P. O. Address A. C. Mc

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