

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023303

FILED VS JUN 3 0 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No. 3176

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo.		Length of stay in 1b 1 day		c. CITY OR TOWN Edgerton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST Luke'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 type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First DALE Middle LEROY Last MEEDER, JR			4. DATE OF DEATH Month June Day 13, Year 1960							
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-12-60	9. AGE (last birthday) 16	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) none			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME Dale Leroy Meeder			13b. MOTHER'S MAIDEN NAME Myrna Riley			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT Mrs. Myrna Meeder			Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pulmonary atelectasis DUE TO (b) Pneumatury DUE TO (c) Placenta Praevia Centralis. Cesarean birth							INTERVAL BETWEEN ONSET AND DEATH 10 hours Rute			
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 6-12-60 to 6-12-60 and last saw him live on 6-12-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE Milton Singleton (Degree or title)				22b. ADDRESS W.O. 315 W. 4th St. S.E. 12, Mo				22c. DATE SIGNED 6-14-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-15-60	23c. NAME OF CEMETERY OR CREMATORY Clearfield Cemetery		23d. LOCATION (City, town, or county) Eudora Kansas					
24. FUNERAL DIRECTOR Bruce Mortuary, Gardner, Kansas			25. DATE RECD. BY LOCAL REG. 6-14-60		26. REGISTRAR'S SIGNATURE Irene Marshall					

DOCUMENT

Milton Singleton MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3176

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 Ray Bruce

Licensed Embalmer No. 1989

P. O. Address St. Louis

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.