

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023467

FILED VS. JUL 5 1960

149

Registration District No. 1007 Registrar's No.

3236

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 Reno			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 days	c. CITY OR TOWN Hutchinson		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1005 E. Sherman		
3. NAME OF DECEASED (Type or print) First Charles Middle Oliver Last Willoughby			4. DATE OF DEATH Month 6th Day 18th 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 4-30-93	9. AGE (last birthday) 67 yrs	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) Welder		10b. KIND OF BUSINESS OR INDUSTRY Welding	11. BIRTHPLACE (City and state or country) Washington, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John E. Willoughby		13b. MOTHER'S MAIDEN NAME Sarah Trowbridge		14. NAME OF HUSBAND OR WIFE Nellie Willoughby		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 6/24/18 to 6/21/19			16. SOCIAL SECURITY NO. -	17. NEAREST ADDRESS Nellie Willoughby, Hutchinson, Ks V.A. Hospital, Kansas City, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Retroperitoneal hemorrhage					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ruptured abdominal aortic aneurysm with surgical repair						
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Atherosclerosis with old infarct				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 a.m. p.m.						
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		20g. COUNTY
20f. STATE						
21. Attended the deceased from June 16, 1960 to June 18, 1960 Death occurred at 6:50a m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>I. S. Fritzel</i> (Degree or title)			22b. ADDRESS MD V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 6/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 18, 1960	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Hutchinson, Kansas	
24. FUNERAL DIRECTOR Ralph Fulton K.C.K.		25. DATE RECD. BY LOCAL REG. 6-18-60	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 30

P. O. Address ACR

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