

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-025933

FILED VS AUG 8 1960

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 822

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 2 1/2 MONTHS	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 27TH & LAFAYETTE INSTITUTION WYATT PARK NURSING HOME		d. STREET ADDRESS ---	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CORA Middle B. Last MILLER	4. DATE OF DEATH Month AUGUST Day 1 Year 1960
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 26, 1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) DONIPHAN CO., KANSAS	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JACOB LAYERING	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE GEORGE
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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. NONE	17. INFORMANT Address ELLIS MILLER-ELWOOD, KANSAS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH 5 years
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION WATHENA, KANSAS	COUNTY _____ STATE _____
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21. I attended the deceased from July 4, 1955 to Aug 1st 1960 and last saw her alive on Aug 1st 1960	
Death occurred at Aug 1st 1960 8:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE John G. Swales M.D.	(Degree or title)	22b. ADDRESS Wathena, Kansas	22c. DATE SIGNED 8-2-1960
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8/1/1960	23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY	23d. LOCATION (City, town, or county) WATHENA, KANSAS
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24. FUNERAL DIRECTOR HARMAN FUNERAL HOME-WATHENA, KANSAS	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug. 3, 1960	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J.G. SWALES, M.D.

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. Zarna

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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