

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-026728**

FILED VS AUG 8 1960

149

Primary Registration District No. 1005

Registrar's No. 3742

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Atchison</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>1003 1/2 Commercial St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <u>George</u>	Middle <u>R.</u>	Last <u>Bliss</u>	4. DATE OF DEATH	Month <u>July</u>	Day <u>19</u>	Year <u>1960</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/21/1907</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer- Locomotive Finished Material Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Atchison, Kansas</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		

12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	13a. FATHER'S NAME <u>Luman Marcus Bliss</u>	13b. MOTHER'S MAIDEN NAME <u>Lulu Ringo</u>	14. NAME OF HUSBAND OR WIFE <u>Letha Bliss</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>510-09-3556</u>	17. INFORMANT Address <u>Mrs. George R. (Letha) Bliss</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Brain Tumor</u>		
DUE TO (b) <u>Spongio blastoma Multifocare</u>		
DUE TO (c) <u>Lt parietal</u>		
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 <u>          </u> a.m. <u>          </u> p.m.	Month, Day, Year <u>          </u>
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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	COUNTY	STATE
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21. I attended the deceased from 15 June 60 to death and last saw her/him alive on           .  
Death occurred at            m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A.G. Carmichael M.D.</u> (Degree or title)	22b. ADDRESS <u>Plaza Time Bldg</u>	22c. DATE SIGNED <u>22 July 60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7/21/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Atchison, Kansas</u>
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24. FUNERAL DIRECTOR <u>R. A. Fulton</u>	ADDRESS <u>K. C. Kansas</u>	25. DATE RECB. BY LOCAL REG. <u>7-20-60</u>	26. REGISTRAR'S SIGNATURE <u>new Minshall</u>
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DOCUMENT

BY AFFIDAVIT OF A. CARMICHAEL MEDICAL CERTIFICATION

FEB 1 1961

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VS AUG 8 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.