

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026817

ENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3694 STATE FILE NUMBER

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	Length of stay in 1b 1 day	c. CITY OR TOWN Merriam	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp		d. STREET ADDRESS (If outside, give location) 6113 Mastin Rd.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LYDIA Middle DONOVAN Last	4. DATE OF DEATH Month July Day 15 Year 1960
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1960	9. AGE (last birthday) Months 1 Days 1 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY Baby	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Curtis A. Donovan	13b. MOTHER'S MAIDEN NAME Francis E. Baugher	14. NAME OF HUSBAND OR WIFE none
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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. no	17. INFORMANT Curtis A. Donovan	Address Merriam, Ks.
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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) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 26 hours
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 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 6 a.m. 15 p.m.	Month July Day 14 Year 1960
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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 Shawnee, Kansas	COUNTY Shawnee	STATE Kansas
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21. I attended the deceased from **July 14-60** to **July 15-60** and last saw him alive on **15 July 60**
Death occurred at **6:15 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Carbaugh M.D.	(Degree or title)	22b. ADDRESS Jefferson Kan	22c. DATE SIGNED 16 July 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-18-1960	23c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	23d. LOCATION (City, town, or county) (State) Shawnee, Kansas
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24. FUNERAL DIRECTOR E. Paul Amos	ADDRESS Shawnee, Kansas	25. DATE RECD. BY LOCAL REG. 7-16-60	26. REGISTRAR'S SIGNATURE Neva Marshall
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION W. Carbaugh

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene P. Amos

Eugene P. Amos 5023

Licensed Embalmer No. _____

P. O. Address Shawnee, Ka

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.