

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026865

FILED VS JUL 26 1960 49

Primary Registration District No. 1002 Registrar's No. 3589

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 4 months		c. CITY OR TOWN Mission		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5538 Reeds Rd		
3. NAME OF DECEASED (Type or print) First EDMUND Middle THOMAS Last GERAGHTY				4. DATE OF DEATH Month 7th Day 7th 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 4/24/20	9. AGE (last birthday) 40	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"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Manager			10b. KIND OF BUSINESS OR INDUSTRY Supply American Hospital		11. BIRTHPLACE (City and state or country) St. Peter, Minnesota		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas Geraghty			13b. MOTHER'S MAIDEN NAME Edna McGrath		14. NAME OF HUSBAND OR WIFE Elaine K. Geraghty		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 049-140-441		17. INFORMANT Elaine K. Geraghty (Wife) Address VA HOSPITAL OFFICIAL RECORDS, K. C. 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) Peritonitis and bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute pancreatitis with abscesses and tumor involvement						
	DUE TO (c) Retroperitoneal lymphosarcoma, extensive						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year						
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	
21. Attended the deceased from 4-12-60 to 7-7-60 and last seen living on 7-7-60 Death occurred at 10:40p. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE T. J. FRITZLEN (Degree or title) M.D.				22b. ADDRESS VA Hospital, K. C. Mo.		22c. DATE SIGNED 7-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) Johnson County Kansas		
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Mission, Kansas			25. DATE RECD. BY LOCAL REG. 7-11-60		26. REGISTRAR'S SIGNATURE Neva Minshall		

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 Raymond M. Har

Licensed Embalmer No. 491

P. O. Address Indep.

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.