

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026920

FILED VS AUG 15 1960 149

Registration District No. Primary Registration District No. 1002 Registrar's No. 3898

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kan.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>1 1/2 Days</u>	c. CITY OR TOWN <u>Overland Park</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8809 W 88</u>
3. NAME OF DECEASED (Type or print) First <u>Jeffrey</u> Middle <u>Brian</u> Last <u>Holt</u>		4. DATE OF DEATH Month <u>July</u> Day <u>28</u> Year <u>1960</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-31-1955</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	9. AGE (last birthday) <u>5</u>
11. BIRTHPLACE (City and state or country) <u>Guyton, Okla.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Carl D. Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Marian Asher</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Carl D Holt</u> Address <u>8809 W 88 Overland Park Kan.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hr</u>
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 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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	COUNTY STATE
21. I attended the deceased from <u>Feb</u> to <u>July 27-60</u> and last saw her/him alive on <u>July 27-60</u> Death occurred at <u>July 28-60</u> <u>1 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. E. Carlson M.D.</u> (Degree or title)		22b. ADDRESS <u>1316 Prof. Bldg</u>	22c. DATE SIGNED <u>2 Aug</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jo. Co. Memorial Gardens</u>	23d. LOCATION (City, town, or county) (State) <u>Overland Park Kan</u>
24. FUNERAL DIRECTOR <u>Hoge Funeral Home</u>	ADDRESS <u>Overland Park Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Elva Minshall</u>

DOCUMENT

H. E. Carlson MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. H. L. [unclear]
Pres. [unclear]
11th Grand S.E.

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 J. Payne Hoyle

Licensed Embalmer No. 3579

P. O. Address Cleveland Pa

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.