

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

=60-027091

3450

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3450

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 7 wks	c. CITY OR TOWN Hickman Mills Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hopsital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7908 Longview Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BEULAH Middle J Last REGISTER			4. DATE OF DEATH Month 6 Day 30 Year 1960		
5. SEX Female	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4 6 1924	9. AGE (last birthday) 36	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File Clerk		10b. KIND OF BUSINESS OR INDUSTRY Western Wing&Insp	11. BIRTHPLACE (City and state or country) Cozad Nebraska	12. CITIZEN OF WHAT COUNTRY U. S. A	
13a. FATHER'S NAME John Klingbeil		13b. MOTHER'S MAIDEN NAME Euna Stinehagen		14. NAME OF HUSBAND OR WIFE Walter L. Register	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema & ascites DUE TO (b) metastatic Carcinoma of Breast DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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"/> N- <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 . Month, Day, Year a.m. p.m.			

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
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21. I attended the deceased from **7-19-60** to **6/30/60** and last saw her/him alive on **6/29/60**
Death occurred at **5:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Ketterman M.D. (Degree or title)	22b. ADDRESS Hickman Mills Mo	22c. DATE SIGNED 6/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7 2 1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc	ADDRESS K. C. Mo	25. DATE RECD. BY LOCAL REG. 7-1-60	26. REGISTRAR'S SIGNATURE Neval Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. L. Ketterman

