

# FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-030503**

FILED VS. AUG 29 1960

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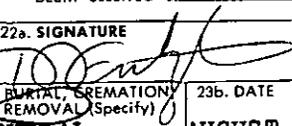
Primary Registration District No. 1002

Registrar's No.

**4128**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>29 days</b>		c. CITY OR TOWN <b>Bethel</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERAN'S ADMINISTRATION HOSPITAL</b> No <input type="checkbox"/>			Inside Limits		d. STREET ADDRESS (If outside, give location) <b>Route 1</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>John Edgar Daley</b>				4. DATE OF DEATH Month <b>August</b> Day <b>10</b> Year <b>1960</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>12-14-89</b>		9. AGE (last birthday) <b>70</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>police officer-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Cincinnati, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Timothy Daley</b>			13b. MOTHER'S MAIDEN NAME <b>Mary McGee</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW 1</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>VA Hospital records Kansas City, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute heart failure</b>								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.		DUE TO (b) <b>old myocardial infarction with left ventricular aneurysm atherosclerotic occlusion of branch of</b>							
		DUE TO (c) <b>anterior descending coronary artery</b>							
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 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. attended the deceased from <b>VA</b>		<b>7-12-60</b>		to <b>8-10-60</b>		<del>XXXXXXXXXX</del>			
Death occurred at <b>10:20</b>		<b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE 			(Degree or title)			22b. ADDRESS <b>M.D. VA Hospital Kansas City, Mo.</b>		22c. DATE SIGNED <b>8-10-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>AUGUST 12, 1960</b>		23c. NAME OF CEMETERY <b>NATIONAL CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>FORT LEAVENWORTH KANSAS</b>			
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS KANSAS CITY, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>8-11-60</b>		26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Fritzen

**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 E. C. Gibson

Licensed Embalmer No. 4137  
E. C. Gibson  
Address \_\_\_\_\_

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.