

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030797

FILED VS SEP 6 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4271

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Ottawa											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 9 days		c. CITY OR TOWN Ottawa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors' Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 812 Pecan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Clyde Middle R. Last Smith				4. DATE OF DEATH Month August Day 18, 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 5-17-98		9. AGE (last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Instalator			10b. KIND OF BUSINESS OR INDUSTRY Instalation Co.			11. BIRTHPLACE (City and state or country) Bigelow, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.						
13a. FATHER'S NAME James Smith				13b. MOTHER'S MAIDEN NAME Sarah Roland				14. NAME OF HUSBAND OR WIFE Hazel Smith							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. Unknown				17. INFORMANT McVey Dengel F. Home Ottawa, Kansas				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) Peripheral Circulatory Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Peritonitis										INTERVAL BETWEEN ONSET AND DEATH minutes > 2 days 2 days					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephrosclerosis & Perf. Pept. Ulcers								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.)											
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 Aug 14, 1960 to Aug 18, 1960 and last saw ^{her} him alive on Aug 18, 1960 Death occurred at 5:50 P on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) Verner J. Ames MD						22b. ADDRESS 926 E. 11th St.				22c. DATE SIGNED 8-18-60					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Aug. 22, 1960		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery			23d. LOCATION (City, town, or county) (State) Ottawa, Kansas								
24. FUNERAL DIRECTOR R. A. FULTON K.C., Kansas				ADDRESS				25. DATE RECD. BY LOCAL REG. 8-19-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Verner J. Ames

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 303

P. O. Address KOK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.