

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

-60-037573

STATE FILE NUMBER

ENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1130

1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WONIPHAN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Length of stay in 1b 2 1/2 DAYS		c. CITY OR TOWN WATHENA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. METHODIST HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. # 1			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IRENE Middle LUCY Last SHARP				4. DATE OF DEATH Month OCTOBER Day 27 Year 1960			
5. SEX FEMALE	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 10/22/1921	9. AGE (last birthday) 39	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) HOUSE WORK			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or country) ADA, KANSAS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME C. B. HOLDER			13b. MOTHER'S MAIDEN NAME ELLA HALEY			14. NAME OF HUSBAND OR WIFE CLARENCE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address CLARENCE SHARP-WATHENA, KANSAS			
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>Carcinomatosis @ chest, lung & heart</u> DUE TO (b) <u>"Clear cell" carcinoma of @ Lung</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> <u>? 6 mos</u>	
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 checked="" 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>7-18-60</u> to <u>10/26/60</u> and last saw her alive on <u>10-26-60</u> Death occurred at <u>5:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Eva L. Peterson, M.D.</u>				22b. ADDRESS <u>Wathena, Kansas</u>		22c. DATE SIGNED <u>10/27/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/27/1960	23c. NAME OF CEMETERY OR CREMATORY BELLEMONT		23d. LOCATION (City, town, or county) WATHENA, KANSAS			
24. FUNERAL DIRECTOR ADDRESS HARMAN FUNERAL HOME-WATHENA, KANSAS				25. DATE RECD. BY LOCAL REG. Oct. 28, 1960	26. REGISTRAR'S SIGNATURE <u>Mr. Clark Gardell</u>		

DOCUMENT

F. Peterson, M.D. Medical Certification

BY AFFIDAVIT OF

NOV 17 1968

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 Shirley M. Harmon

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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