

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 27 1960

-60-038330

STATE FILE NUMBER

NDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5076

5076

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>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>SPRINGHILL, KANSAS</b>	
Length of stay in lb <b>29 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>va Hospital, K.C., Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>BOX 13</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b>WALTER</b> Last <b>DAWSON</b>		4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>8</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-12-77</b>
9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCER - RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>CARLINVILLE, ILL</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ROBERT DAWSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY CARIL</b>	
14. NAME OF HUSBAND OR WIFE <b>N/A</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no unknown) (If yes, give war or dates of service) <b>YES</b> <b>SW</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INMATE <b>Leonard Dawson-son-Springhill, Ks.</b>		17. INMATE <b>Official Records VA Hospital, K.C., 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 cardiac failure</b> DUE TO (b) <b>Old myocardial infarction</b> DUE TO (c) <b>Coronary artery atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic peptic ulcers of esophagus and duodenum</b>		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		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	
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>Sept 9, 1960</b> to <b>Oct 8, 1960</b> Death occurred at <b>8:53 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Thomas J. Fritzlen M.D.</b>		22b. ADDRESS <b>VA Hospital, K.C., Mo.</b>	
22c. DATE SIGNED <b>10/9/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Oct. 9, 1960</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Brush Creek Blvd</b>		23d. LOCATION (City, town, or county) (State) <b>Spring Hill Kansas</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, K.C., Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>10-9-60</b>	
26. REGISTRAR'S SIGNATURE <b>H. L. Dwyer</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*[Handwritten Signature]*

4550

Licensed Embalmer No. *487*

*[Handwritten Signature]*

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.