

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040780
STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 83
DE FILED 13 OCT 31 1960

1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Branson</u>		Length of stay in 1b <u>1 day</u>		c. CITY OR TOWN <u>Topeka</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Skaggs Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1620 West 15th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>LOIS</u> Middle <u>JOHNSON</u> Last <u>CONE</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>28</u> Year <u>1960</u>									
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/7/1893</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>		11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>David C. Johnson</u>				13b. MOTHER'S MAIDEN NAME <u>Evalina White</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Roscoe Johnson</u> Address <u>601 Greenwood Mill Valley, Calif.</u>							
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>Coronary Occlusion</u> DUE TO (b) <u>Obesity</u> DUE TO (c) <u>Generalized arteriosclerosis</u> 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"/> 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>				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>Oct 28 1960</u> to <u>Oct 28</u> and last saw her <u>live</u> on <u>Oct 28 1960</u> Death occurred at <u>about 5:30 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Roy Sillarspe MD</u> (Degree or title)						22b. ADDRESS <u>Branson Mo.</u>			22c. DATE SIGNED <u>10/29/60</u> (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>10/28/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Co. Cemetery</u>				23d. LOCATION (City, town, or county) <u>Eureka, Kansas</u> (State)					
24. FUNERAL DIRECTOR <u>Whelchel Chapel, Branson, Mo</u> ADDRESS						25. DATE RECD. BY LOCAL REG. <u>10-29-60</u>		26. REGISTRAR'S SIGNATURE <u>DeW Campbell</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981 6 AON

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Walter Cook

Licensed Embalmer No. 473

P. O. Address Bremen

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