

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041958

FILED VS NOV 23 1960 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 5621

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Weir City	
Length of stay in 1b 61 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		d. STREET ADDRESS (If outside, give location) General Delivery	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Fred Middle E. Last Deal			4. DATE OF DEATH Month 11th Day 7th 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 2-15-89	9. AGE (last birthday) 71 yrs	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) Gen Practitioner		10b. KIND OF BUSINESS OR INDUSTRY Medicine		11. BIRTHPLACE (City and state or country) Greenola, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John Deal		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ethel Deal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 510 32 1471		17. INFORMANT Ethel Deal, Wife, Weir, Kansas VA Hospital Records K.C., Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary edema			
DUE TO (b) Bacterial endocarditis			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (c)

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		
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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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION VA		COUNTY _____	STATE _____

21. I attended the deceased from **September 7, 1960** to **November 7, 1960** and was present on the date stated above.
Death occurred at **7:20p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. A. Owings</i> (Degree or title) MD	22b. ADDRESS V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED 11-7-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 8-1960	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Weir City Kansas
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24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home K.C. Mo	25. DATE RECD. BY LOCAL REG. 11-8-60	26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

H. Owings

BY AFFIDAVIT OF

JAN 3 0 1952

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 Alvin R. Haussler

Licensed Embalmer No. 418

P. O. Address Kansas

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.