

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5717 -60-042003

FILED VS DEC 5 1960 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 5717 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Douglas				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MO		Length of stay in 1b 10 days		c. CITY OR TOWN Baldwin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ZELLA Middle M Last FRANCIS				4. DATE OF DEATH Month 11 Day 13 Year 60				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 14, 1882	9. AGE (last birthday) 78	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) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE unknown		
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. none		17. INFORMANT JOHN FRANCIS Address 5632 RUSSELL			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROSIS OBLITERANS.							INTERVAL BETWEEN ONSET AND DEATH 10 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS							30 years	
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 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 Month, Day, Year a.m. p.m.								
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 OCT. 7, 1960 to Nov. 13, 1960 and last saw ^{her} him alive on Nov. 13th Death occurred at 10:12 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE William R. Brown M.D. (Degree or title)				22b. ADDRESS 7501 Mission Rd. Prairie, KS.			22c. DATE SIGNED 11/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 11/13/60	23c. NAME OF CEMETERY OAK HILL CEMETERY		23d. LOCATION (City, town, or county) LAWRENCE, KANSAS		(State)	
24. FUNERAL DIRECTOR D & W. NEWCOMER'S SONS 1331 Brush Creek Blvd.				25. DATE RECD. BY LOCAL REG. 11-14-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer		

DOCUMENT

MEDICAL CERTIFICATION
William R. Brown

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 by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Louis Quast

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

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.