

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042015

FILED VS. DEC 12 1960

149

Primary Registration District No. 1002

Registrar's No. 5821

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Kansas City		Length of stay in 1b 48 yrs		c. CITY OR TOWN Kansas City, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5050 Oak Apt. 727		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Manuel Middle B. Last Galhaar				4. DATE OF DEATH Month November Day 18 Year 1960				
5. SEX Male	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 9-2-00	9. AGE (last birthday) 60		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) Supervisor Telephone Company			10b. KIND OF BUSINESS OR INDUSTRY Company		11. BIRTHPLACE (City and state or country) Holly Springs, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis Galhaar			13b. MOTHER'S MAIDEN NAME Rahle Jacobson			14. NAME OF HUSBAND OR WIFE Bertha Galhaar		
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. 509-03-2228		17. INFORMANT Lyle S. Galhaar, 7506 E. 108th Terr.			Address K. C. 34, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion							INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery disease							3 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 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 04 1957 to Nov 18, 1960 and last saw him alive on Nov 12, 1960 Death occurred at 12:30 9 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>J.S. Hoffman MD</i>				22b. ADDRESS 751 E 63rd St K Mo			22c. DATE SIGNED 11-18-60	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-20-60	23c. NAME OF CEMETERY OR CREMATORY Sheffield		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
24. FUNERAL DIRECTOR'S ADDRESS Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 11-19-60		26. REGISTRAR'S SIGNATURE <i>H-L. Dwyer</i>		

DOCUMENT

BY AFFIDAVIT OF J.S. Hoffman MEDICAL CERTIFICATION

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 William M. [Signature]

Licensed Embalmer No. 46

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.