

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042062

FILED VS NOV 23 1960

149

Primary Registration District No. 1002

Registrar's No.

5576

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 40 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		d. STREET ADDRESS (If outside, give location) 5752 COLLEGE AVENUE	
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 WILLIAM Middle RILEY Last HOLMAN			4. DATE OF DEATH Month NOVEMBER Day 2 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 10-9-98	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MISSOURI-ARKANSAS TRUCK LINE	10b. KIND OF BUSINESS OR INDUSTRY RETIRED TRUCK DRIVER	11. BIRTHPLACE (City and state or country) LA CYGNE, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A. U.S.
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13a. FATHER'S NAME JACKSON ELIJAH/HOLMAN	13b. MOTHER'S MAIDEN NAME JANE SARAH/THARP	14. NAME OF HUSBAND OR WIFE BONNIE BERNICE HOLMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 4860-990-44	17. INFORMANT JESSIE L. WARE, daughter 5752 COLLEGE KCMO Address VA HOSPITAL OFFICIAL RECORDS KCMO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		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
IMMEDIATE CAUSE (a) Bronchial pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral infarction	
DUE TO (c) Cerebral arteriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour 1:40 Month, Day, Year NOV 29 1960	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 LA CYGNE	COUNTY KANSAS	STATE KANSAS
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21. Attended the deceased from **OCTOBER 29, 1960** to **NOVEMBER 2, 1960**
Death occurred at **1:40 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Ignatius T. Kramer</i> (Degree or title) M.D.	22b. ADDRESS VA HOSPITAL K.C., Mo.	22c. DATE SIGNED 11-2-60
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23a. BURIAL	23b. DATE NOV. 5, 1960	23c. NAME OF CEMETERY OR CREMATORY OAK LAWN CEMETERY	23d. LOCATION (City, town, or county) LA CYGNE KANSAS
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 11-5-60	26. REGISTRAR'S SIGNATURE <i>H. L. Sawyer</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Ignatius T. Kramer

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 Vern Fowler

Licensed Embalmer No. 49

P. O. Address KC Mo

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.