

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-042337

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5588 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 days	c. CITY OR TOWN Kansas City		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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 229 S. 7th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle O. Last Widener			4. DATE OF DEATH Month 11th Day 5th Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-10-91	9. AGE (last birthday) 66 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ARMORERS	11. BIRTHPLACE (City and state or country) Emporia, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME CHARLES FREDRICK		13b. MOTHER'S MAIDEN NAME LEARNOUN		14. NAME OF HUSBAND OR WIFE Nora Widener	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 6/24/8 to 2/5/19		16. SOCIAL SECURITY NO. 510 05 7920		17. INFORMANT Nora Widener, Wife, 229 S. 7th, K.C., Ks VA Hospital Records, KC., 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) Cerebral vascular thrombosis					
DUE TO (b) Pulmonary edema					
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)					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 November 3, 1960 to November 5, 1960 and was the attending physician. Death occurred at 7:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. Kettunen (Degree or title)			22b. ADDRESS MD V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 11-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 11-6-60	23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK KANSAS CITY KANS		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR D. W. Newcomer		25. DATE RECD. BY LOCAL REG. 11-5-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

DOCUMENT

BY AFFIDAVIT OF C. Kettunen 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 *James Sweet*

Licensed Embalmer No. 409

P. O. Address K.C.M.

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.