

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045810

FILED VS JAN 10 1961

Registration District No. 132 Primary Registration District No. \_\_\_\_\_ Registrar's No. 219

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Shawnee				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Twp.		Length of stay in 1b 3 days		c. CITY OR TOWN Topeka		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 miles west of Trenton on Highway #70				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3339 Girard		
3. NAME OF DECEASED (Type or print) First DALE Middle F. Last DOCKERY				4. DATE OF DEATH Month Dec. Day 24, 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 Dec. 10, 1915		
				9. AGE (last birthday) 45		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager			10b. KIND OF BUSINESS OR INDUSTRY service station		11. BIRTHPLACE (City and state or country) Grundy Co. Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Dockery			13b. MOTHER'S MAIDEN NAME Ora Maxey			14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWII			16. SOCIAL SECURITY NO.		17. INFORMANT Ralph Dockery, Topeka, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound to right side of head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH unknown	
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 checked="" 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		Body found about 9:30 a.m. in own automobile						
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 <u>xxxxx</u> , to <u>Dec. 24, 1960</u> and last saw him <u>xxx</u> live on <u>xxxxxxxx</u> . Death occurred at <u>about 7:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <i>Donald H. Slater</i> County Coroner				22b. ADDRESS Trenton, Missouri		22c. DATE SIGNED Dec. 26, 1960		
23. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Dec. 27, 1960		23c. NAME OF CEMETERY OR CREMATORY Maple Grove		23d. LOCATION (City, town, or county) (State) Trenton, Missouri		
24. FUNERAL DIRECTOR <i>Donald H. Slater</i> Trenton, Missouri				25. DATE RECD. BY LOCAL REG. Dec 27-1960		26. REGISTRAR'S SIGNATURE <i>Jeanne Farr</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 19 1967

**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 *Ronald H. Slater*  
Licensed Embalmer No. 4467  
P. O. Address Trenton, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.