

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

OFFICE OF PUBLIC HEALTH AND WELFARE

-60-045967

6207

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

INDEXED FILED VS DEC 3 0 1960

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY HARVEY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 15 hours	c. CITY OR TOWN NEWTON		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, K.C., Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 127 W. 4th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VIRGIL Middle COURTNEY Last CAYWOOD			4. DATE OF DEATH Month DECEMBER Day 9 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-30-96	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD AGENT-RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	11. BIRTHPLACE (City and state or country) Alden, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ELZAY COURTNEY CAYWOOD		13b. MOTHER'S MAIDEN NAME FLORA ANN DILLON		14. NAME OF HUSBAND OR WIFE LORRAINE CAYWOOD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW I YES		16. SOCIAL SECURITY NO. ---		17. INFORMANT Lorraine Caywood Newton, Kansas Address Official Records VA Hospital, K.C., 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) Traumatic Encephalopathy secondary to Gun Shot wound of head.					
DUE TO (b) _____ 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 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.) Self inflicted	
20c. TIME OF INJURY Hour a.m. p.m. 12-8-60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	20f. CITY, TOWN, OR LOCATION NEWTON HARVEY		STATE KANSAS
21. VA attended the deceased from December 9, 1960 to Dec 9, 1960 <i>12/9/60 to 12/9/60</i> Death occurred at 6:50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Rugh A. Owens</i>			22b. ADDRESS 152 main Station		22c. DATE SIGNED 12-10-60
23a. SERIAL, CEMETERY, REMOVAL (Specify) REMOVED		23b. DATE DEC. 10, 1960	23c. NAME OF CEMETERY OR CREMATOR HERINGTON		STATE KANSAS
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 12-10-60		26. REGISTRAR'S SIGNATURE <i>H. S. Dwyer</i>

DOCUMENT

HUGH H. OWENS, M.D. MEDICAL CERTIFICATION

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

Student _____
Signature of Student Embalmer

Signed Vern Fowler

Licensed Embalmer No. 4915

; P. O. Address KC 8

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.