

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 3 0 1960

-60-046144

6265

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6265

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 7 HOURS		c. CITY OR TOWN LEAWOOD		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Med.Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8522 Cherokee Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last DOLLY N. JAMESON				4. DATE OF DEATH Month Day Year December 10, 1960									
5. SEX Female		6. COLOR OR RACE Caucasion		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married		8. DATE OF BIRTH 11/29/23		9. AGE (last birthday) 37		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) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) MONROE, LOUISIANA		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME HOWARD H. NOLAN				13b. MOTHER'S MAIDEN NAME SALLY LANKFORD				14. NAME OF HUSBAND OF WIFE Earl E. Jameson, Jr.					
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. -		17. INFORMANT Earl E. Jameson, Jr. 8522 CHEROKEE L. LEAWOOD, 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) Aspirin Poisoning										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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). Took 150 aspirin tablets								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. 12-10-60		Month, Day, Year		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.) Rest		20f. CITY, TOWN, OR LOCATION Johnson Kansas		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:40 P? _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Hugh A Owens						22b. ADDRESS 152 main station			22c. DATE SIGNED 12-13-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 13, 1960		23c. NAME OF CEMETERY OR CREMATOR MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI							
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 12-13-60		26. REGISTRAR'S SIGNATURE H-L Owens							

DOCUMENT

MEDICAL CERTIFICATION

OWENS

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

Student _____
Signature of Student Embalmer

Signed Harry E. Jensen

Licensed Embalmer No. 4550

P. O. Address Placid

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.