

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046342

FILED VS DEC 19 1960

149

6072

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 12 Days	c. CITY OR TOWN Paola		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GAYLE Middle L. Last SHIPMAN			4. DATE OF DEATH Month Dec. Day 3 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 4-6-1913	9. AGE (last birthday) 47	
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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hillsdale, Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Hugh Shipman		13b. MOTHER'S MAIDEN NAME Letha J. Mc Intosh		14. NAME OF HUSBAND OR WIFE Ann Shipman		
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. None	17. INFORMANT Mrs. Ann Shipman		Address Paola, 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) O.A. + Sarcinae & Pneumonia, Lt. pyonephritis with haeteremic shock. DUE TO (b) (1) surgery for bladder cancer 11/29/30 (2) obstructed ureter due to cancer in bladder DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity (wt of 265 lbs) with poor ventilation					INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" type="checkbox"/> NO <input 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 Nov. 22, 1960 to Dec. 3, 1960 and last saw her alive on Dec. 3, 1960 Death occurred at 5:25 am. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) George O. Miles, M.D.			22b. ADDRESS #706 Broadway, Kans. City, Mo.		22c. DATE SIGNED 12-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-3-60	23c. NAME OF CEMETERY OR CREMATORY Olathe Cemetery		23d. LOCATION (City, town, or county) (State) Olathe, Kansas		
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 12-3-60	26. REGISTRAR'S SIGNATURE H-L. Dreyer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George O. Miles

1001 67 030 ST

File. 1-4443
Of the 1:30
1006 1050 01

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 J. S. Green

Licensed Embalmer No. 29
P. O. Address F. O.

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.