

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048717

FILED VS JAN 23 1961

149

Primary Registration District No. 1002

Registrar's No. 6629

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 Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 3 weeks	c. CITY OR TOWN Overland Park		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8214 Sante Fe Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle Last HARDIE			4. DATE OF DEATH Month 12 Day 31 Year 60			
5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-19-06	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, if even if retired) Grounds keeper		10b. KIND OF BUSINESS OR INDUSTRY Research Center	11. BIRTHPLACE (City and state or country) Weir City, Kansas	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Shanks Hardie		13b. MOTHER'S MAIDEN NAME Anna Keir		14. NAME OF HUSBAND OR WIFE Mayme Hardie		
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. unknown	17. INFORMANT Address Mrs. Margaret Gamble, 7623 W. 86th			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung (right) - metastatic					INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
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) None				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 Aug 1958 to Dec 31, 1960 and last saw him alive on Dec 31, 1960 Death occurred at 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Leslie Thompson (Degree or title)			22b. ADDRESS 411 Nichols Rd. K. C. Mo		22c. DATE SIGNED 12-31-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-31-60	23c. NAME OF CEMETERY OR CREMATORY Hosey Hill Cem.	23d. LOCATION (City, town, or county) Weir,	(State) Kansas		
24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo		25. DATE RECD. BY LOCAL REG. 1-2-61	26. REGISTRAR'S SIGNATURE Ruth Long			

DOCUMENT BY AFFIDAVIT OF

Leslie Thompson 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 Alvin R Neunschield

Licensed Embalmer No. 4159

P. O. Address K C 7

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.