

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048833

FILED VS JAN 23 1961

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6486

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ 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 Riley									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 2 Hours		c. CITY OR TOWN Mamhattan		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. Likes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1621 Fairchild		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Jennie Middle Leila Last Trott				4. DATE OF DEATH Month December Day 24 Year 1960									
5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/20/1876		9. AGE (last birthday) 84		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) Music Teacher				10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state or country) Junction City, Kansas		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Andrew P. Trott				13b. MOTHER'S MAIDEN NAME Annie Ward				14. NAME OF HUSBAND OR WIFE None					
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. 513 30 9803		17. INFORMANT Annette Shawnee, Ks. Address MI9-0671 Mrs. Young KXXXXXXXXXXXXX S-M-Ks. 8304 Cherokee Lane							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA										INTERVAL BETWEEN ONSET AND DEATH 5 da			
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N- <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 24 DEC 60 to 24 DEC 60 and last saw her 24 DEC 60 alive on 24 DEC 60				Death occurred at 6:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE John F. McDowell, M.D. (Degree or title)				22b. ADDRESS 315 Nichols Road Kansas City, Missouri				22c. DATE SIGNED 25 DEC 60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/25/1960		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Junction City, Kansas							
24. FUNERAL DIRECTOR E. Paul Amos				ADDRESS Amos Family Funeral Home - Shawnee, Ks.		25. DATE RECD. BY LOCAL REG. 12-26-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer					

DOCUMENT

BY AFFIDAVIT OF F. Mc. Donnell, M.D. MEDICAL CERTIFICATION

ml 7-5566

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 Ed Paul, Curran

Licensed Embalmer No. 4385
P. O. Address Shawnee

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.