MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

4127 4127-61-029126 STATE FILE NUMBER

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

FILED AUG 31 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

George C. Kealhofer

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Dickinson
c. CITY OR TOWN: Abilene — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First HAROLD Middle C Last BOOK
4. DATE OF DEATH: Month August Day 19, Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-19-1902
9. AGE (last birthday): 59 — 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: same
11. BIRTHPLACE (City and state or country): State Center, Iowa
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Isaac Book
13b. MOTHER'S MAIDEN NAME: Emma Noman
14. NAME OF HUSBAND OR WIFE: Ida
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - - - - -
17. INFORMANT Address: Danner Funeral Home --Abilene, 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): multiple skull fractures
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): + cerebral Edema
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down basement step
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 8-17-61
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION: Shawnee COUNTY: Johnson STATE: Kans

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D. Deputy Coroner
22b. ADDRESS: 6627 Prospect Kans
22c. DATE SIGNED: 8-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-19-61
23c. NAME OF CEMETERY OR CREMATORY: Abilene, Cemetery
23d. LOCATION (City, town, or county) (State): Abilene, Kansas

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar-- 1800 E. Linwood
25. DATE RECD. BY LOCAL REG.: 8-19-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert G. Landes

Licensed Embalmer No. 5103

P. O. Address K. C. Mo.

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.