

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040984

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5469

STATE FILE NUMBER

AMENDED

FILED NOV 17 1961

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANS</u> b. COUNTY <u>WYANDOTTE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY, Mo.</u>		c. CITY OR TOWN <u>KANSAS CITY, KANS</u>	
Length of stay in 1b <u>6 WKS</u>		d. STREET ADDRESS (If outside, give location) <u>1086 FITZGERALD RD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN Hosp</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ARTHUR</u> Middle <u>ALBERT</u> Last <u>Chisham</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>1</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/28/1909</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>WELDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KC TERMINAL RLY</u>		11. BIRTHPLACE (City and state or country) <u>OSAGE CITY, KANS</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>SAMUEL R Chisham</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA SERBAIS</u>	
14. NAME OF HUSBAND OR WIFE <u>NON E</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>NON E</u>	
17. INFORMANT <u>MARIE BARTLETT</u>		Address <u>4220 CAMPBELL</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
IMMEDIATE CAUSE (a) <u>Terminal Bronchial Pneumonia</u>		
DUE TO (b) <u>Carcinoma of Rectum & Liver Metastases</u>		<u>?</u>
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.
 Yes No 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 6/29/61 to 11/1/61 and last saw him alive on 11/1/61
 Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>1401 S.W. Blvd K.C. Mo.</u>	22c. DATE SIGNED <u>11/1/61</u>
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23b. DATE OF BURIAL, CREMATION, OR REMOVAL (Specify) <u>11/3/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE HILL Cem</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KANS</u>
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24. FUNERAL DIRECTOR <u>GATES FUNERAL HOME</u> ADDRESS <u>KCK</u>	25. DATE RECD. BY LOCAL REG. <u>11-2-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
SHOULD READ
ITEM NO.

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park

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.