

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6099-61-044609

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6099 STATE FILE NUMBER

AMENDED FILED DEC 22 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Pottawatomie</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in lb <u>6 Months</u>	c. CITY OR TOWN <u>Belvue</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2908 Garey</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>NELLIE</u> Middle <u>MARIE</u> Last <u>CROUSE</u>	4. DATE OF DEATH Month <u>12</u> Day <u>2</u> Year <u>61</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-19-27</u>	9. AGE (last birthday) <u>34</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Hanover, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Thomas Ross</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Kimbal</u>	14. NAME OF HUSBAND OR WIFE <u>Leslie DeWayne Crouse</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 11-1-48-12-16-50</u>	16. <u>11-1-48-12-16-50</u>	17. INFORMANT <u>Mr. Leslie D. Crouse: 2908 Garey.</u>
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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
IMMEDIATE CAUSE (a) <u>Bullet Wound Head</u>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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 type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot herself in Rt temple</u>
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20c. TIME OF INJURY Hour <u>12-261</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rt</u>	20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson</u>	COUNTY <u>MO</u>	STATE
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21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>M.D. Coroner</u>	22b. ADDRESS <u>152 Union Station-K.C., Mo.</u>	22c. DATE SIGNED <u>12-5-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12-4-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wamego City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Wamego, Kansas</u>
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24. FUNERAL DIRECTOR <u>WEILERT FUNERAL HOMES(S) K.C., MO.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-5-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hugh H. Owens

