

FILED AUG 21 1950 STANDARD CERTIFICATE OF DEATH

THE HEALTH DEPARTMENT OF KANSAS

26760

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3226</u>	
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>Lawrence</u>			
b. CITY (If outside corporate limits, write name of town) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>not resident</u>		c. CITY (If outside corporate limits, write name of town) <u>North Topeka</u>		d. STREET ADDRESS (If rural, give location) <u>RR #6 8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>street 314 W 12th</u>				d. STREET ADDRESS (If rural, give location) <u>RR #6 8150</u>			
3. NAME OF DECEASED a. (First) <u>GEORGE</u>			b. (Middle) _____			c. (Last) <u>BLEIER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>June 5-1901</u>		9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>		IF UNDER 24 Hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except for last 12 months) <u>Truck Gardner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Topeka Kansas</u>			11. BIRTHPLACE (State or foreign country) <u>Topeka Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Jacob Bleier</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Bleier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo Bleier Jr Topeka Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>				23b. ADDRESS <u>1034 Quaker Bldg</u>		23c. DATE SIGNED <u>7-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Topeka Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka Kansas</u>	
DATE REC'D BY LOCAL REG <u>7-27-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber Mortuary Topeka Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

[Handwritten Signature]

Licensed Embalmer No. 4273

Signed.....
Student Embalmer

P. O. Address 162 Mc

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 this body is not embalmed, fact should be so stated above.