

FILED JAN 22 1957

## STANDARD CERTIFICATE OF DEATH

1453  
STATE FILE NUMBERRegistration District No. 149 Primary Registration District No. 1002 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <b>VA Hospital</b>			Length of stay in <b>39 years</b>		d. STREET ADDRESS (If outside, give location) <b>3631 Bellaire</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>(NMN)</b> Last <b>Sawyer</b>				4. DATE OF DEATH <b>January 4, 1957</b> Month Day Year			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>8-31-81</b>	9. AGE (In years last birthday) <b>75 yrs</b>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (City and state or country) <b>Fort Scott, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>--</b>				14. MOTHER'S MAIDEN NAME <b>Louisa</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT Address <b>VA Hospital Records, Kansas City, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemothorax</b>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Ruptured dissecting aneurysm of aorta</b>			451 X	
			DUE TO (c) <b>Hypertensive cardiovascular disease.</b>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
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 Month, Day, Year a. m. p. m.							
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. Attended the deceased from <b>Jan. 2, 1957</b> to <b>January 4, 1957</b> 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) <b>Robert E. Qualheim M.D.</b>			22b. ADDRESS <b>VA Hospital, Kansas City, Mo</b>			22c. DATE SIGNED <b>1-4-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/8/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>W. E. Davis</b>		ADDRESS <b>X. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-8-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Robert E. Qualheim

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard forms. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Landis A. Jackson*

Licensed Embalmer No. *48*

P. O. Address *Z.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.