RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032199

STATE FILE NUMBER

FILED VS SEP 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4268

DED

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: 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hosp. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Geary
c. CITY OR TOWN: Junction City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 127 South Garfield — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Gladys — Middle: — Last: ~~Bachman~~ BACHMAN

4. DATE OF DEATH: Month: Sept. Day: 1, Year: ~~1958~~ 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-24-1912
9. AGE (last birthday): 46
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Herrington, Kansas
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Henry Pagenkopf
13b. MOTHER'S MAIDEN NAME: Hattie Pufahl
14. NAME OF HUSBAND OR WIFE: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Wm. Remy — Address: Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (Site of origin Not determined)
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 [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 1931 to 9/1/59 and last saw her/him alive on 9/1/59
Death occurred at 5 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. J. Leitch (Degree or title): M D
22b. ADDRESS: 808 So 15 Blue Springs Mo
22c. DATE SIGNED: 9/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-1-59
23c. NAME OF CEMETERY OR CREMATORY: Junction City Cemetery
23d. LOCATION (City, town, or county) (State): JUNCTION ~~Kansas~~ City, ~~Mo~~ Kans.

24. FUNERAL DIRECTOR: Stine & McClure, Kansas City, Mo. — ADDRESS:
25. DATE RECD. BY LOCAL REG.: 9-2-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF C. J. Leitch DOCUMENT

SEP 8 5 1959

AUG 23 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William M. Turner

Signature of Student Embalmer

Licensed Embalmer No. 464

P. O. Address Kansas Ci

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