

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006225

FILED VS MAR 3 1960

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 896 STATE FILE NUMBER

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>		Length of stay in 1b <b>9 yrs.</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR IN STREET AT INSTITUTION <b>6944 EDGEVALE ROAD</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>637 WEST 70th st.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>ALFRED C. DAUWALTER</b>			4. DATE OF DEATH Month <b>2</b> Day <b>11</b> Year <b>60</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3 12 05</b>	9. AGE (last birthday) <b>54 yrs.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>VICE PRESIDENT DICKY CLAY CO.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PITTSBURG, KANSAS</b>	11. BIRTHPLACE (City and state or country) <b>PITTSBURG, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>CHARLES A DAUWALTER</b>	13b. MOTHER'S MAIDEN NAME <b>CORA HUGHES</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN DAUWALTER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>416 03 6404</b>	17. INFORMANT <b>HELEN DAUWALTER 637 W 70th ST.</b>
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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: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</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>Coronary Atherosclerosis</b>		
DUE TO (c) <b>Diabetes Mellitus</b>		
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

19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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21: I attended the deceased from 1965 to 2-11-60 and last saw her/him alive on 1-4-60  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>R.K. Skillman M.D.</b> (Degree or title)	22b. ADDRESS <b>Kansas City, Mo.</b>	22c. DATE SIGNED <b>2-11-60</b>
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23a. BURIAL	23b. DATE <b>FEB 14, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEM</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>
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24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONSK.C.MO.</b>	25. DATE RECD. BY LOCAL REG. <b>2-15-60</b>	26. REGISTRAR'S SIGNATURE <b>Oliver Marshall</b>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF R. K. SKILLMAN

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City*

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