

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023408

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3156 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Deary	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 1/2 mo.	c. CITY OR TOWN Junction City Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley Hospt.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 705 W. 14th St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) MARGIE ^{First} LEE ^{Middle} SOUTHERN ^{Last}			4. DATE OF DEATH 6-11-1960 Month Day Year		
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-31-1934	9. AGE (last birthday) 26 yrs.	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) Civil Service Employee	10b. KIND OF BUSINESS OR INDUSTRY Post Exchange	11. BIRTHPLACE (City and state or country) Newly, Oklahoma	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME John Henry Southern	13b. MOTHER'S MAIDEN NAME Bessie Bobbitt	14. NAME OF HUSBAND OR WIFE —
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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) No	16. SOCIAL SECURITY NO. 513-30-8883	17. INFORMANT Bessie Warden Junction City, Kans.	Address
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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)	Puerperal septicemia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Peritonitis	
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 checked="" 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	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 5-1-60 to 6-11-60 and last saw her alive on 6-11-60 Death occurred at Wheatley Hospital on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE L. V. Miller MD (Degree or title)	22b. ADDRESS 1211 Paseo	22c. DATE SIGNED 6-13-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-13-60	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) Junction City, Kansas
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24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton	25. DATE RECD. BY LOCAL REG. 6-13-60	26. REGISTRAR'S SIGNATURE Deva Minshalf
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF **L. V. Miller**

Young

APR 12 1961

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 *Bruce R. Watkins*

Licensed Embalmer No. *45-01*

P. O. Address *18th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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