

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026809

FILED VS AUG 8 1960

149

Primary Registration District No. 100

Registrar's No.

3732

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 22 days	c. CITY OR TOWN SHAWNEE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL			d. STREET ADDRESS 5602 LONG		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARTIN Middle GEORGE Last DEWEY			4. DATE OF DEATH Month July Day 15, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-14-96	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher - CUTLER		10b. KIND OF BUSINESS OR INDUSTRY MEAT	11. BIRTHPLACE (City and state or country) Altamont, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George H. Dewey		13b. MOTHER'S MAIDEN NAME Arie Doughman		14. NAME OF HUSBAND OR WIFE MRS. RUTH DEWEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 441-09-9888	17. INFORMANT VA Hospital Official Rcds, K.C. Mo Ida Lindsay, 5602 Long, Shawnee, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Cerebral vascular accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
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.)				
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 VA		COUNTY	STATE	
21. attended the deceased from June 23, 1960 to July 15, 1960 Death occurred at 11:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Wilbur B. Neel <i>Wilbur B Neel Md</i>			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 7-15-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 20, 1960	23c. NAME OF CEMETERY OR CREMATOR NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) FORT LEAVENWORTH KANSAS		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 5540 JOHNSON DRIVE MISSION, KANSAS	25. DATE RECD. BY LOCAL REG. 7-19-60	26. REGISTRAR'S SIGNATURE <i>Neola Minshall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. C. Gibson

Licensed Embalmer No. 4137

Excelsior, M

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