

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

149

-60-030703

Registration District No. _____ Primary Registration District No. 1001 Registrar's No. 4038 STATE FILE NUMBER

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|---|--|---|---|--|--|---|---|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>37 days</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JEFFERSON</u> c. CITY OR TOWN <u>OSKALOOSA</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or print) First <u>ROBERTA</u> Middle <u>MAXINE</u> Last <u>MIZE</u> | | | 4. DATE OF DEATH Month <u>AUGUST</u> Day <u>5</u> Year <u>1960</u> | | | | | | | | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>JUNE 15, 1917</u> | 9. AGE (last birthday) <u>43</u> 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) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and state or country) <u>Leon, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | | | | | |
| 13a. FATHER'S NAME <u>James P. Cannon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Velma</u> | | 14. NAME OF HUSBAND OR WIFE <u>Herbert A. Mize</u> | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>565-22-6939</u> | 17. INFORMANT <u>HERBERT A. MIZE, Oskaloosa Kans.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Primary carcinoma of ovary</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos +</u> <u>18 mos +</u> | | | | | |
| 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 _____ | COUNTY _____ | STATE _____ | 21. I attended the deceased from <u>14 March 59</u> to <u>5 Aug 60</u> and last saw her/him alive on <u>5 Aug 60</u> Death occurred at <u>12:55 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Neil Berry MD</u> | | | | 22b. ADDRESS <u>4706 Broadway</u> | | | | 22c. DATE SIGNED <u>8-5-60</u> | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>AUG. 5, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u> | | 23d. LOCATION (City, town, or county) (State) <u>OSKALOOSA KANSAS</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>BRUSH CREEK</u> <u>D. W. NEWCOMER'S SONS KANSAS CITY, MO.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>8-6-60</u> | 26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer M.D.</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Neil Berry

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

Robert Ray

Licensed Embalmer No. 4182

P. O. Address K. C. M

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.