

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038290

FILED VS. OCT 2 1 1960/49

Primary Registration District No. 1002 Registrar's No. 5207

STATE FILE NUMBER

NDED

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF H. OWINGS

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> 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>1 year</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>9101 Walnut Street</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Harold</b> Middle <b>Egar</b> Last <b>Bruner</b>				4. DATE OF DEATH Month <b>10th</b> Day <b>15th</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-25-97</b>	9. AGE (last birthday) <b>63 yrs</b>	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) <b>Maintenance - Military</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. ARMY &amp; NAVY Equipment</b>		11. BIRTHPLACE (City and state or country) <b>Lexington, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S. A.</b>
13a. FATHER'S NAME <b>Wm L. Stoughton</b>			13b. MOTHER'S MAIDEN NAME <b>Effie M. VanWinkle</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI &amp; WW2</b>		16. SOCIAL SECURITY NO. <b>507549298</b>		17. INFORMATION <b>Ted Stoughton, Br. VA Hospital Recorfd, s Kansas City, Mo</b>			
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>HEMORRHAGIC CONGESTION OF LUNGS</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
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
<b>VA</b>	<b>September 21, 1960</b>		<b>to October 15, 1960</b>				
21. I attended the deceased from _____ Death occurred at <b>1:50a</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>R.A. Owings</b>				22b. ADDRESS <b>MD, V.A. Hospital Kansas City, Mo</b>		22c. DATE SIGNED <b>10-15-60</b>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>OCT. 18, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WADSWORTH CEMETERY</b>			23d. LOCATION (City, town, or county) <b>WADSWORTH KANSAS</b>		(State)
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS KANSAS CITY, MO</b>				25. DATE RECD. BY LOCAL REG. <b>10-17-60</b>		26. REGISTRAR'S SIGNATURE <b>H-L-Owings</b>	
ADDRESS <b>1331 BRUSH CREEK</b>							

**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 Marvin D. Presto

Licensed Embalmer No. 5040

P. O. Address: K.C. Mo

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.