

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1980

-60-042292

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1005 Registrar's No. 5458

5458

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON COUNTY, MISSOURI.				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, MISSOURI		Length of stay in 1b 11 Days		c. CITY OR TOWN MERRIAM, KANSAS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, KANSAS CITY, MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5024 Merriam dr. Motel Unit 14		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) CHESTER Thor START				4. DATE OF DEATH Month OCTOBER Day 27 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 6-3-81		9. AGE (last birthday) 79		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)				10b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE SALES		11. BIRTHPLACE (City and state or country) BUCYRUS, OHIO		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME WILBER F. START				13b. MOTHER'S MAIDEN NAME NERVA PEASLEY				14. NAME OF HUSBAND OR WIFE Blanche Start					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 10-20-18-7-3-19				16. SOCIAL SECURITY NO. 487 44 4996		17. INFORMANT Address VA HOSPITAL RECORDS, KANSAS CITY, MO.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) intracerebellar hemorrhage										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 checked="" 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.)									
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. attended the deceased from 10-16-60 to 10-27-60 and last saw ^{her} him alive on 10-27-60 Death occurred at 5:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>A. H. Owings, M.D.</i> (Degree or title)				22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO.				22c. DATE SIGNED 10/28/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE Oct. 29, 1960		23c. NAME OF CEMETERY OR CREMATORY Maple Wood Cemetery		23d. LOCATION (City, town, or county) Emporia Kansas		(State)					
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. ADDRESS 1331 Brush Creek Blvd.				25. DATE RECD. BY LOCAL REG. 10-29-60		26. REGISTRAR'S SIGNATURE <i>H-L-Owens</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 *James E. Smith*

Licensed Embalmer No. 409

P. O. Address K. C. S.

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.