

KANSAS STATE BOARD OF HEALTH  
Division of Vital Statistics

CERTIFICATE OF DEATH

(DO NOT WRITE IN THIS BOX)

Birth No. 24-2 JUL 2 1964 Registrar's No. 6745 <sup>4500</sup> **W 012261**

1. PLACE OF DEATH a. County <u>Shawnee</u>		2. Usual Residence (Where deceased lived. If institution, residence before admission) a. State <u>Kansas</u>	
b. City, Town, or Location <u>Topeka</u>		b. County <u>Shawnee 0892</u>	
c. Length of Stay in lb		c. City, Town, or Location <u>Topeka</u>	
d. Name of Hospital (If not in hospital, give street address) or Institution <u>Stormont-Vail Hosp. DOA</u>		d. Street Address <u>814 W. 8th St.</u>	
e. Is Place of Death Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		e. Is Residence Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) First <u>Lewis</u> Middle <u>G.</u> Last <u>Stahl</u>		4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1964</u>	
5. SEX <u>Male</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 16 1876</u>
9. Age (In years (last birthday)) <u>88</u>		10. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>	
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Retired Salesman</u>		10b. Kind of Business or Industry <u>Raleigh Products</u>	
11. Birthplace (State or foreign country) <u>Auburn, Kansas</u>		12. Citizen of What Country? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Frank M. Stahl</u>		14. MOTHER'S MAIDEN NAME <u>Jenny Dickson</u>	
15. Was Deceased Ever in U. S. Armed Forces? (If yes, give war or dates of service) <u>No</u>		16. Social Security No. <u>509-01-2894</u>	
17. Informant <u>Mrs. Mildred F. Stahl</u>		Address <u>814 W. 8th St.</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) \_\_\_\_\_  
Due to (b) Myo Cardial failure  
Due to (c) Chr Arterio Sclerosis disease

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) \_\_\_\_\_

Interval Between Onset and Death  
by medical about 3-4 hrs

19. Was Autopsy Performed?  
Yes  No

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. Describe how injury occurred. (Enter nature of injury in Part I or Part II of item 18)  
4500

20c. TIME OF INJURY (Month) (Day) (Year) (Hour) a. m. p. m.

20d. Injury occurred While at Work  Not While at Work

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 hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased Die on July 18, 1964, and that death occurred at S. A. from the causes and on the date stated above.

22a. Signature J. H. Hartman, M.D. (Degree or title) 22b. Address Topeka, Kan. 22c. Date signed July 18 1964

23a. Burial, Cremation, Removal (Specify) Burial 23b. Date 7/20/64 23c. Name of Cemetery or Crematory Shiloh Center Cemetery 23d. Location (City, Town, or County) (State) Topeka, Kansas

24a. Date Rec'd by Local Registrar JUL 20 1964 24b. Registrar's Signature William T. Douglas 25. Funeral Director Wall-Dibbenderfer Address 687-0-2 Topeka, Kansas

MEDICAL CERTIFICATION