

KANSAS STATE BOARD OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH

(DO NOT WRITE IN THIS BOX)

Birth No. 1508-5 FEB 19 1962 Registrar's No. 70-a 4200 62 002831

1. PLACE OF DEATH a. County <u>Osage</u> <u>0700</u>		2. Usual Residence (Where deceased lived. If institution, residence before admission) a. State <u>Kansas</u> b. County <u>Osage</u> <u>0700</u>	
b. City, Town, or Location <u>Burlingame</u>		c. Length of Stay in 1b <u>38 yrs</u>	
d. Name of Hospital or Institution (If not in hospital, give street address) <u>Residence</u>		d. Street Address <u>RFD</u>	
e. Is Place of Death Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		e. Is Residence Inside City Limits? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		f. Is Residence on a Farm? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <u>Lloyd Lincoln Stahl</u>			4. DATE OF DEATH Month <u>2</u> Day <u>6</u> Year <u>62</u>		
5. SEX <u>M</u>	6. Color or Race <u>W</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>6/16/1876</u>	9. Age (In years last birthday) <u>85</u>	If Under 1 Year Months <u> </u> Days <u> </u>
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. Kind of Business or Industry <u>Row Crop</u>	11. Birthplace (State or foreign country) <u>Kansas</u>	12. Citizen of What Country? <u>USA</u>	

13. FATHER'S NAME <u>Francis Marion Stahl</u>		14. MOTHER'S MAIDEN NAME <u>Jennie Dixon</u>	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Spanish American</u>		16. Social Security No. <u>512 56 8989</u>	
17. Informant <u>Mrs. L. L. Stahl, Burlingame</u>		Address <u>Burlingame</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>Arteriosclerotic heart disease</u> Due to (b) _____ Due to (c) <u>Arteriosclerosis</u> 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) <u>none</u>		Interval Between Onset and Death <u>?</u>
19. Was Autopsy Performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<u>4200</u>

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 (Month) (Day) (Year) (Hour) a. m. p. m.		
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 hereby certify that I attended the deceased from <u>1/6</u> 19 <u>62</u> , to <u>2/6</u> 19 <u>62</u> , that I last saw the deceased alive on <u>2/6</u> 19 <u>62</u> , and that death occurred at <u>11:15 A.M.</u> from the causes and on the date stated above.		
22a. Signature <u>Fred H. Schenck M.D.</u>	(Degree or title) <u>M.D.</u>	22b. Address <u>Burlingame 125</u>
		22c. Date signed <u>2/8/62</u>

23a. Burial, Cremation, Removal (Specify) <u>Burial</u>	23b. Date <u>2/9/62</u>	23c. Name of Cemetery or Crematory <u>Auburn</u>	23d. Location (City, Town, or County) (State) <u>Auburn, Ks.</u>
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24a. Date Rec'd by Local Registrar <u>2-9-62</u>	24b. Registrar's Signature <u>George Strunk</u>	25. Funeral Director <u>John W Carey</u>	Address <u>527-A-3 Burlingame</u>
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MEDICAL CERTIFICATION