

463-1 OCT 28 1981

KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL STATISTICS
CERTIFICATE OF DEATH

81-015634
81-015634

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Month, Day, Year)

1. ROY DALE POWERS 2. Male Oct 15, 1981

AGE—Last Birthday (Yrs) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) RACE—(e.g., White, Black, American Indian, etc.) (Specify) ORIGIN OR DESCENT—(Specify) (e.g., Italian, Mexican, German, Puerto Rican, English, Cuban, etc.)

4a. 88 4b. MOS 4c. DAYS 4d. HOURS 4e. MIN. 5. June 9, 1893 6a. white 6b. American

COUNTRY OF DEATH CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) IF HOSP. OR INST. (Indicate DOA, OP/Emor. Rm., Inpatient (Specify))

7a. Allen 7b. Iola 7c. Allen County Hospital 7d. Inpatient

STATE OF BIRTH (If not in U.S.A. name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)

8. Kansas 9. U.S.A. 10. married 11. Velda McBride 12. no

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY

13. 515-09-6455 14a. farmer 14b. Stock & grain

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)

15a. Kansas 15b. Anderson 15c. Kincaid 15d. 66039 15e. Rt # 1 15f. No

FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last

16. Charles Powers 17. Lillie Wheeler

INFORMANT—NAME (Type or Print) MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP

18. Velda Powers 18b. Rt # 1 Kincaid, Ks. 66039

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

19. Burial 19b. Fairview Cemetery 19c. Mildred, Ks.

FUNERAL SERVICE LICENSEE'S LICENSE NO. NAME OF EMBALMER & LICENSE NO. NAME & ADDRESS OF FIRM

20a. W. Glenn Kunkel 1730 20b. W. Glenn Kunkel 2796 20c. KUNKEL FUNERAL CHAPEL-MORAN, KS.

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

W. Dick, M.D. W. Dick, M.D.

DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

21b. 19 Oct - 81 21c. 12:45 P 22b. 22c.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)

21d. 22d. ON 22e. AT

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)

23.

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)

24a. [Signature] 24b. 10-26-81

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Interval between onset and death

PART I (a) Coronary occlusion few minutes

DUE TO, OR AS A CONSEQUENCE OF. Interval between onset and death

(b)

DUE TO, OR AS A CONSEQUENCE OF. Interval between onset and death

(c)

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a) AUTOPSY (Yes or No) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (Yes or No) WAS CASE REFERRED TO CORONER (Specify Yes or No)

25a. 25b. 25c. 27. KS

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

28a. 28b. 28c. 28d.

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. No CITY OR TOWN STATE

29a. 29b. 29c. 29d. 29e. 29f. 29g.