

KANSAS STATE BOARD OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH

(DO NOT WRITE IN THIS BOX)

Birth No. A 21-7

JAN 5 1960

Registr. No.

88 331X

59 018772

1. PLACE OF DEATH
a. County Butler
b. City, Town, or Location El Dorado
c. Length of Stay in lb 3 days
d. Name of Hospital (If not in hospital, give street address) Allen Memorial Hospital 1
e. Is Place of Death Inside City Limits? Yes No

2. Usual Residence (Where deceased lived, if institution, residence before ad mission)
a. State Kansas
b. County Butler 0080
c. City, Town, or Location Augusta
d. Street Address R.F.D. #3
e. Is Residence Inside City Limits? Yes No f. Is Residence on a Farm? Yes No

3. NAME OF DECEASED (Type or Print) First Middle Last
LEE CLAIR DASHNER

4. DATE OF DEATH Month Day Year
Dec. 16, 1959

5. SEX M
6. Color or Race white
7. Married Never Married
Widowed Divorced

8. Date of Birth April 25, 1887
9. Age (In years last birthday) 72
If Under 1 Year: Months Days Hours
If Under 28 Ds.: Days Hours

10a. Usual Occupation (Give kind of work done) laborer
10b. Kind of Business or Industry Oil
11. Birthplace (State or foreign country) Glasgow, Illinois
12. Citizen of What Country?

13. FATHER'S NAME Clarence M. Dashner
14. MOTHER'S MAIDEN NAME Mattie McMurtry

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. Social Security No.
17. Informant Mrs. L.G. Dashner, Augusta, Ks. Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]
Part I. Death was caused by:
Immediate cause (a) Cerebrovascular Accident Interval Between Onset and Death 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:
Due to (b) Hypertensive Vascular Disease years
Due to (c) Atherosclerosis years
Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I (a):
19. Was Autopsy Performed? 331X Yes No

20a. ACCIDENT SUICIDE HOMICIDE
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 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
20g. County
20h. State

21. I hereby certify that I attended the deceased from 8-20, 1959, to 12-16, 1959 that I last saw the deceased alive on 12-16, 1959, and that death occurred at 12:47 AM, from the causes and on the date stated above.
22a. Signature Dalzell Anderson S.M.D. (Degree or title)
22b. Address 205 D West 7th Augusta, Mo
22c. Date signed 12-22-59

23a. Burial, Cremation, Removal (Specify) Burial
23b. Date 12/18/59
23c. Name of Cemetery or Crematory Elmwood
23d. Location (City, Town, or County) (State) Augusta, Kansas
24a. Date Rec'd by Local Registrar 12-26-59
24b. Registrar's Signature J.F. Dunsford
24c. Funeral Director J.F. Dunsford, Augusta, Mo. #360

MEDICAL CERTIFICATION