

2003-005699

APR 02 2003

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Office of Vital Statistics

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME FIRST: Dorothy M. MIDDLE: DeWeese LAST: DeWeese				2. SEX F.	3. DATE OF DEATH (Mo., Day, Yr.) March 27, 2003
4. SOCIAL SECURITY NUMBER 479-03-5800		5a. AGE—Last Birthday (Yrs.) 86	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.) 03/28/1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Medicalodge of Leavenworth			9c. CITY, TOWN, OR LOCATION OF DEATH Leavenworth		9d. COUNTY OF DEATH Leavenworth
10. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) Homemaker		12b. KIND OF BUSINESS/INDUSTRY (Do not give name of company) Own Home	
13a. RESIDENCE—STATE Kansas		13b. COUNTY Leavenworth		13c. CITY, TOWN, OR LOCATION AND ZIP CODE Leavenworth 66048	
13d. STREET AND NUMBER 1503 W. Ohio St		13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
14. ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify) American		15. RACE—(Native American, Black, White, etc.) (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)	
17. FATHER'S NAME FIRST: Hart MIDDLE: Felton LAST: Felton			18. MOTHER'S NAME FIRST: Minnie MIDDLE: A MAIDEN SURNAME: Himstedt		
19a. INFORMANT'S NAME (Type) Kathleen M. Thompson			19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) 1522 Kansas Ave., Leavenworth, KS 66048		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Rose Hill Cemetery		20c. LOCATION—City or Town, State Shenandoah, Iowa	
21a. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature) <i>Scott Moller</i> 1481			21b. NAME OF EMBALMER & LICENSE NO. Not Embalmed		
22. NAME AND ADDRESS OF FIRM Davis Funeral Chapel, Inc. 531 Shawnee St. Leavenworth, KS 66048					
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) <i>P. J. Cristiano, MD</i>			24a. 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) and manner as stated. (Signature and Title) <i>X</i>		
23b. DATE SIGNED (Mo., Day, Yr.) 3/29/03		23c. TIME OF DEATH 4:40 pm		24b. DATE SIGNED (Mo., Day, Yr.)	
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				24c. TIME OF DEATH A.M. P.M.	
24d. PRONOUNCED DEAD (Mo., Day, Yr.)				24e. PRONOUNCED DEAD (Hour) A.M. P.M.	
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print) Peter J. Cristiano, MD 1001 6th Ave. Leavenworth, KS 66048					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. congestive heart failure DUE TO (OR AS A CONSEQUENCE OF): b. coronary artery disease DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.					Interval Between Onset to Death 3 days 20 yrs
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			27a. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No		27b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No
			28. WAS CASE REFERRED TO CORONER <input type="checkbox"/> Yes <input type="checkbox"/> No		
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		30a. DATE OF INJURY (Mo., Day, Yr.)		30b. TIME OF INJURY A.M. P.M.	
		30c. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No		30d. DESCRIBE HOW INJURY OCCURRED	
30e. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify)			30f. LOCATION (Street and Number or Rural Route, City or Town, State)		

Death 4/3/2003 T440111959 01 DEWEESE 200304005699 10c



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2003 APR -3 PM 3: 39

Lorne A. Phillips, Ph.D.  
State Registrar  
Office of Vital Statistics  
Department of Health & Environment

**A01851604**

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

**CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.**