APR 0 2 2003

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Office of Vital Statistics

			TIFIC	<u> </u>				STATE F	FILE NUMBER
DECEDENT'S NAME	RST	MIDDLE		LA	ST		2. SEX		DEATH (Mo., Day, Yr.)
Doro		М.		DeWeese			F.		h 27,2003
SOCIAL SECURITY NUMBER	5a. AGE—Las (Vrs.)	st Birthday 5b. UNI Months	Days	5c. UNDER 1 DAY Hours Minutes		BIRTH (Mo., Day,	Yr.)	or Foreign	ACE (City and State in Country)
79-03-5800	8	6		Do Bu 405 05	03/28/ DEATH (Chec			TICCI	e Rock, Arkans
WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes H	OSPITAL			OTHER	OLXIII (OMBO	ony oney	- 100 m	10000	X
		ER/Outpatient	□ D0			Residence	Other (S		
FACILITY NAME (If not institution, give stre				A		TION OF DEATH			COUNTY OF DEATH
Medicalodge of Lea	SURVIVING SPOUSE (#	wite alve meiden ne	me) 128. I	DECEDENT'S USUAL O	CCUPATION (C		12b. KIN		eavenworth SINDUSTRY (Do not
Married Never Married				done during most of wor			give	name of compa	iny)
Widowed Divorced			H	Iomemaker				Own H	ome
IN RESIDENCE—STATE 13b. COU	INTY	13c. CITY, TOW	N, OR LOCA	TION AND ZIP CODE		ISd. STREET AND	NUMBER		13e. INSIDE CITY LIMITS
Kansas				66040		4500 tr	01-1-	71.	XX Yes
. ANCESTRY—(Cuban, Mexican, Puerto Rice	enworth	Leaven 15. RACE—(Native A				1503 W.	CEDENTS EL		No
Hmong, English, German, etc.) (Specify)		White, etc.) (Spec					ly highest gra	de completed)	
American		White		Elementary/Se	condary (0-12)		Coll	ege (1-4 or 5+)	
FATHER'S NAME FIRST	MIDDI		LAST	18. MOTHER'S		FIRST		MIDDLE	MAIDEN SURNAME
Hart		F	eltor	1	Mir	nie	A	Н	imstedt
e. INFORMANT'S NAME (Type)				ESS (Street and Number	r, or Rural Rout	e, City or Town, S	late, Zip Code;		7-22-1-2
Kathleen M. Thomps	son	152	2 Kan	sas Ave.,	Leave	nworth.	KS (56048	
A METHOD OF DISPOSITION	2	THE RESERVE OF THE PARTY OF THE		ame of cemetery, crema	3-9-93			City or Town, Sta	te ::
Burial K Cremation Removal fr	om State					-			
Other (Specify)		Rose Hi	.11 Ce	emetery		SI	nenand	oah, I	SWO
18. FUNERAL SERVICE LICENSEE & LICEN	SE NO. (Signature)			21b. NAME C	OF EMBALMER	& LICENSE NO.			
18. FUNERAL SERVICE LICENSEE & LICENSEE	SE NO. (Signature)	148	1						
18. FUNERAL SERVICE LICENSEE & LI	SE NO. (Signature)	148	31		ot Emba				
NAME AND ADDRESS OF FIRM	alde-				t Emba	almed	56048		
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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.