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DEATH 9210016249

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Highland
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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Amended: 10-29-92

Office of Vital Statistics
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME FIRST MIDDLE LAST ALICE B. ANDERKAY			2. SEX FEMALE	3. DATE OF DEATH (Mo., Day, Yr.) SEPTEMBER 28, 1992				
4. SOCIAL SECURITY NUMBER 320-10-3525		5a. AGE - Last Birthday (Yrs.) 82	5b. UNDER 1 YEAR Months Days 0 0	5c. UNDER 1 DAY Hours Minutes 0 0	6. DATE OF BIRTH (Mo., Day, Yr.) MARCH 15, 1910	7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			10. FACILITY NAME (If not institution, give street and number) ST. FRANCIS REGIONAL MEDICAL CENTER		11. CITY, TOWN, OR LOCATION OF DEATH WICHITA	12. COUNTY OF DEATH SEDGWICK
13. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		14. SURVIVING SPOUSE (If wife, give maiden name) N/A		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) PIANO TRACHER		16. KIND OF BUSINESS INDUSTRY (Do not give name of company) MUSIC		
13a. RESIDENCE - STATE Kansas		13b. COUNTY Sedgwick		13c. CITY, TOWN, OR LOCATION AND ZIP CODE Wichita 67206		13d. STREET AND NUMBER 6414 E. Farmview		13e. BRIDGE CITY (List if Yes) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. ANCESTRY - (Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify) GERMAN		15. RACE (White, Black, etc.) (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12)		17. COLLEGE (14 or 16) 179-YEAR		18. PANKANIN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. FATHER'S NAME FIRST MIDDLE LAST JOHN			18. MOTHER'S NAME FIRST MIDDLE LAST MARLENE MERRILL			19. MAILING ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code) 6414 E. FARMVIEW, WICHITA, KANSAS 67206		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) ST. JOSEPH CEMETERY		20c. LOCATION - City or Town, State HAMMOND, INDIANA				
21a. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature) <i>Thomas R. Young</i> #2217		21b. NAME OF EMBALMER & LICENSE NO. CHRISTOPHER L. KAISER #3255		22. NAME AND ADDRESS OF FIRM DOWNING & LAHEY MORTUARY, 6555 EAST CENTRAL, WICHITA, KANSAS 67206				
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>Dean I. Youngberg, M.D.</i> 23b. DATE SIGNED (Mo., Day, Yr.) 10/12/92 23c. TIME OF DEATH 5:08 P.M.		23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) DEAN I. YOUNGBERG, M.D., 959 N. EMPORIA, SUITE #201, WICHITA, KANSAS 67214		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>Dean I. Youngberg, M.D.</i> 24b. DATE SIGNED (Mo., Day, Yr.) 10/12/92 24c. TIME OF DEATH 5:08 P.M.		24d. PRONOUNCED DEAD (Mo., Day, Yr.) 10/12/92 24e. PRONOUNCED DEAD (hour) 5:08 P.M.		
25. IMMEDIATE CAUSE (Final disease or condition resulting in death) Respiratory arrest with Congestive heart failure								
26. UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Choking								
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I Abnormal protein by post-mortem								
28. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		29a. DATE OF INJURY (Mo., Day, Yr.)		29b. TIME OF INJURY AM PM		29c. WHERE INJURY OCCURRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30a. PLACE OF INJURY - Own home, other residence, farm, street, factory, office building, etc. (Specify)		30b. LOCATION (Street and Number or Rural Route, City or Town, State)						

6/30/93 Int K# 26-32-65-5
32-65-5, Blames Presub. S. 33 to 54, Bl. H. Frankline Add. L.E.

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