

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43762
State File No. 5495

FILED JAN 21 1950

3006

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>758</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5163 BROOKWOOD AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>5163 BROOKWOOD AVENUE</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>CHRISTINE</u>	b. (Middle) <u>FYLLA</u>	c. (Last) <u>NIELSEN</u>	(Month) <u>DEC.</u>	(Day) <u>26</u>	(Year) <u>1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 25. 1878</u>	9. AGE (In years last birthday) <u>71 YEARS</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 2 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DENMARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>NELS ELLEGAARD</u>		13b. MOTHER'S MAIDEN NAME <u>UNNOWNY</u>		14. NAME OF HUSBAND OR WIFE <u>LEONARD C. NIELSEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LEONARD C. NIELSEN</u>				
				ADDRESS <u>5163 BROOKWOOD KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION						
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>Coronary Sclerosis</u>					<u>10 years.</u>	
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Peper-acute renal insufficiency</u>					<u>4 weeks</u>	
	<u>Subarachnoid</u>					<u>5 years</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>NOV. 1, 1949</u> , to <u>12-26, 1949</u> , that I last saw the deceased alive on <u>12-9, 1949</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. R. BYERS</u>		BYERS (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>315 Alameda Rd, K.C. Mo.</u>		23c. DATE SIGNED <u>12-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 29. 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>12-28-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmea</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

L.O. 0024

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bernard L. Jones

Licensed Embalmer No. 4250

P. O. Address A. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.