

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30690**  
**3731**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <b>3731</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (in this place) <b>32 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>			5858 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1013 W. 67th St.</b>				d. STREET ADDRESS (If rural, give location) <b>1013 West 67th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b>		b. (Middle) <b>M.</b>		c. (Last) <b>TOLLAKSEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 30, 1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 19, 1876</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Dept. Mgr. Montgomery Ward &amp; Co.</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Martin O. Tollaksen</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>W. 67th Mrs. Clara M. Tollaksen, 1013</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>yes 486-10-8169</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Clara M. Tollaksen, 1013 W. 67th St., KC</b> ADDRESS <b>MO</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Myocardial Infarction</b> DUE TO (b) DUE TO (c) <b>Pneumonia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>YEARS</b> <b>Months</b> <b>4901</b> <b>1 week.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. 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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>8-29</u> , 1950, to <u>8-30</u> , 1950, that I last saw the deceased alive on <u>8-30</u> , 1950, and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <b>V. B. Ballard</b> (Degree or title) <b>MD.</b>			23b. ADDRESS <b>1229 Professional Bldg</b>			23c. DATE SIGNED <b>8-31-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-1-50</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Stoughton, Wisconsin</b>		
DATE REC'D BY LOCAL REG. <b>9-1-50</b>		REGISTRAR'S SIGNATURE <b>Ewaldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE, Kansas City, Mo.</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Bruce U. Baccard  
Pres. P. S. S.  
U. C. 8180

**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

*May E. Meyer*

Licensed Embalmer No. *27-555*

P. O. Address *Kansas City, 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.