

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37386  
Registrar's No. 4803

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Idaho</b> b. COUNTY <b>Cassia</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>17 days</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Devine Bros. Foundation Hosp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Albion</b>	
		d. STREET ADDRESS (If rural, give location) <b>8110 J</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Theodore</b> b. (Middle) _____ c. (Last) <b>Jorgensen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 8 1951</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 29, 1881</b>
9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Bornholm, Denmark</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Edward Jorgensen</b>	
13b. MOTHER'S MAIDEN NAME <b>Plrea Stibott</b>		14. NAME OF HUSBAND OR WIFE <b>—</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Freeman Mortuary &amp; Chapel, K.C., Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure &amp; Myocardial Infarct.</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</b> DUE TO (b) <b>Circulatory Depression following Prostatectomy</b> DUE TO (c) <b>Coronary Sclerosis &amp; Prostatic Enlargement</b>		<b>W/O</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 <b>Oct. 23</b> , 19 <b>51</b> , to <b>Nov. 8</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Nov. 8</b> , 19 <b>51</b> , and that death occurred at <b>7:05p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>G. M. Jaquise</b> (Degree or title)		23b. ADDRESS <b>918 Oak St., Kansas City, Mo.</b>	
23c. DATE SIGNED <b>11/9/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>5</b>		24b. DATE <b>11/10/51</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Burley, Idaho</b>	
DATE REC'D BY LOCAL REG. <b>11-10-51</b>		REGISTRAR'S SIGNATURE <b>S. Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>	

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Walter H. Erwin

Signed.....  
Student Embalmer

Licensed Embalmer No. 4352

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.