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

FILED MAR 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5877

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 845

D

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North Kansas City
d. STREET ADDRESS (If rural, give location): 119 E. 25th

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3. NAME OF DECEASED (Type or Print)
a. (First): Leif
b. (Middle): H.
c. (Last): Erickson

4. DATE OF DEATH (Month) (Day) (Year): Feb 7 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 1 1898
9. AGE (In years last birthday): 55 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ford Aircraft Claycoma
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Carlsend, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Charles Erickson
13b. MOTHER'S MAIDEN NAME: Ida Espheld
14. NAME OF HUSBAND OR WIFE: Agnes Erickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 370-09-2111
17. INFORMANT'S SIGNATURE OR NAME: Agnes L. Erickson — ADDRESS: 119 E 25 N.KC.

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Artery Thrombosis — 2 days
DUE TO (c) Arteriosclerotic Heart Disease — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardiovascular Renal Disease — 3-4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Feb, 1953, *to* 7 Feb, 1953, *that I last saw the deceased alive on* 7 Feb, 1953, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edw. H. Fischer (Degree or title) MD — Edw. H. Fischer MD
23b. ADDRESS: 2025 Swift NKC Mo
23c. DATE SIGNED: 2-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-12-53
24c. NAME OF CEMETERY OR CREMATORY: Gwinn Cemetery
24d. LOCATION (City, town, or county) (State): Gwinn Mich.

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: D.W. Newcomer's Sons North K.C.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K.C. 16, Mo.

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

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