

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1632

State File No.

FILED FEB 15 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. 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 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>206 N. Huttig</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanit Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander</u> b. (Middle) <u>Ely</u> c. (Last) <u>Nylund</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 6 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>23 Feb. 1887</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Finland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Finland</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lethia May Nylund</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u> <u>X</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>486-03-1067</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L.M. Nylund 206 N. Huttig K.C. Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion, acute</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Aortic Stenosis</u> II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>10 hrs</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>4211</u>	
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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?	
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22. I hereby certify that I attended the deceased from 2-2, 1954, to 2-6, 1954, that I last saw the deceased alive on 2-1, 1954, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Ed W. Smith M.D.</u>		23b. ADDRESS <u>Kansas City - mo</u>		23c. DATE SIGNED <u>2-6-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8 Feb. 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>2-8-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floral Hills Memorial Chapels K.C. Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 26 1958

FEB 19 1958

Harris 102019

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 Lloyd C. McLeod

Licensed Embalmer No. 4853

P. O. Address W. 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.