

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI

18917

36223-

STANDARD CERTIFICATE OF DEATH

State File No.

2769

BIRTH NO. <u>5978</u> <u>54</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2769</u>					
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u>				b. COUNTY <u>Johnson</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>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olathe</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>301 Sunset Lane</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vance</u>			b. (Middle)			c. (Last) <u>Fredrickson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 20 1954</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 5, 1934</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>K.C. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Carl Fredrickson</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy June Beach</u>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records (St. Luke's) K.C. Mo</u>							
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) <u>Intestinal obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malrotation + volvulus</u>							
				DUE TO (c) <u>of intestine</u>							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peritonitis</u>				<u>7562</u>			
19a. DATE OF OPERATION <u>6-11-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>See 1(a).</u>						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) m.		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>6-10 1954</u> to <u>6-20 1954</u> that I last saw the deceased alive on <u>6-20 1954</u> , and that death occurred at <u>2:45 P.</u> m., from the causes and on the date stated above.											
23. SIGNATURE <u>Richard A. Jurgman</u> (Degree or title) <u>M.D.</u>					23b. ADDRESS <u>KL. MO. 1314 Professional Bldg</u>			23c. DATE SIGNED <u>6-20-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
<u>Burial</u>		<u>June 20 1954</u>					<u>Olathe, KANSAS</u>				
DATE REC'D BY LOCAL REG. <u>6-20-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Frye + Son Olathe, Ks</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

W. H. H. P.

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

Martin W. Frye

Licensed Embalmer No. *3615*

P. O. Address *Olathe, Kansas*

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.