

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33822

State File No. _____

No. 300
10-48

FILED, NOV 10 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar No. 4860

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 OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>43 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. LUKES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>331 WEST 46th STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u> b. (Middle) <u>ELEANOR</u> c. (Last) <u>CARLSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 17, 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MAR. 21, 1890</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>SWEDEN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) _____	

13a. FATHER'S NAME <u>OLAF HILLBLORN</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINE OLSON</u>		14. NAME OF HUSBAND OR WIFE <u>AUGUST CARLSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NOISE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR. AUGUST CARLSON</u> ADDRESS <u>331 W. 46th ST. KANSAS CITY, 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, asthensia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right parietal brain tumor</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal bronchial pneumonia</u>		

19a. DATE OF OPERATION <u>10-15-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Astrocytoma, right parietal lobe</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 10-5, 1954, to 10-18, 1954, that I last saw the deceased alive on 10-18, 1954, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Weiford</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>330 West 47th St</u>		23c. DATE SIGNED <u>10-18-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. G. Newcomer</u> ADDRESS <u>1331 Broadway</u>			
DATE REC'D BY LOCAL REG. <u>10-20-54</u>		REGISTRAR'S SIGNATURE <u>Neve Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. G. Newcomer</u> ADDRESS <u>1331 Broadway</u>	

(Licensed Emballer's Statement on Reverse Side)

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chester K Brown*.....

Licensed Embalmer No. *49*.....

P. O. Address *KC 40*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.