

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43267**
6023

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>48</u> OR <u>40</u> yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3-7-18	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4324 Genesee</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hal</u>		b. (Middle) <u>Nelson</u>		c. (Last) <u>Cedarland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 31 1891</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Eng.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Glen Elder, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Y M C A</u>		13a. FATHER'S NAME <u>Swan N. Cedarland</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Belle McClure</u>		14. NAME OF HUSBAND OR WIFE <u>Fredonia Cedarland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>486-05-7047</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T. K. Cedarland, Prairie Village, Kansas</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemorrhagic Pancreatitis & Necrosis</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>None</u> DUE TO (c) _____ 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>4 days</u>	
19a. DATE OF OPERATION <u>12-27-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute Hemorrhagic Pancreatitis & Necrosis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (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 <u>12-27-54</u> to <u>12-31</u> , 19 <u>54</u> that I last saw the deceased alive on <u>12-31-54</u> and that death occurred at <u>10:25 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John E. Linville</u> (Degree or title)				23b. ADDRESS <u>258 12th</u>		23c. DATE SIGNED <u>12-31-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-31-54</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home, K. C. Kans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Li0408

Be 2141

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 *Guy M. Shelton*
Licensed Embalmer No. 4700

P. O. Address Kansas City 11, Misso

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.