

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4932

State File No.

867

FILED MAR 15 1955

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 town(ship)) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY OR TOWN <u>Kansas City</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>2404 E. 42nd Street</u>				STREET ADDRESS (If rural, give location) <u>2404 East 42nd Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>JOSEPH</u>		c. (Last) <u>LUNDBLADE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 23 55</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>10/22/1887</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Upholster</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Davidson's Furniture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pawnee City, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Agustus Lundblade</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Curran</u>			14. NAME OF HUSBAND OR WIFE <u>Addie Lundblade</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW I</u>			16. SOCIAL SECURITY NO. <u>486-07-2409</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Lee - Muncie, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>42⁰</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <u>January 1951</u> , to <u>Feb. 23, 1955</u> , that I last saw the deceased alive on <u>2-8-55</u> , and that death occurred <u>5:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Doyle C. Whitman MD</u> (Degree or title)				23b. ADDRESS <u>18 East 11 St K (Mo)</u>		23c. DATE SIGNED <u>2-24-55</u>		
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>2/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Lawrence, Kansas</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>2-25-55</u>		REGISTRAR'S SIGNATURE <u>Melva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar-Kansas City, Mo.</u>			

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

Mr. Doyle & Kite
1003 Spring St. S.W.
Vi 5849
2-5

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 *Arthur Eugene Hook*

Licensed Embalmer No. 49

P. O. Address K.C.

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.