

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23755**
3039

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) 39 Yrs.		c. CITY OR TOWN Kansas City		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 4505 E. 27th Street				STREET ADDRESS (If rural, give location) 4505 E. 27th. Street				
3. NAME OF DECEASED (Type or Print) Lars A. Hedberg			a. (First) A. b. (Middle) Hedberg c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 25, 1879		
9. AGE (in years last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker			10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Sweden		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lars O. Hedberg			13b. MOTHER'S MAIDEN NAME Christiana Lindberg			14. NAME OF HUSBAND OR WIFE Eva C. Hedberg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 494-16-4762		17. INFORMANT'S SIGNATURE OR NAME Eva C. Hedberg ADDRESS 4505 E. 27th. K.C.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure					instant.	
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		DUE TO (b) Acute Coronary Occlusion					15 min	
		DUE TO (c) Arteriosclerosis					1 yr	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4:20	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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>Aug 1</u> , 19 <u>55</u> , to <u>July 11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 11</u> , 19 <u>56</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE Sherrill E. Frye (Degree or title) MD				23b. ADDRESS 2333 Jackson, K.C. Mo		23c. DATE SIGNED 7-13-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/14/56		24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 7-13-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C., Mo.				

(Licensed Embalmer'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..... *James W. Camp*
Licensed Embalmer No. *4623*
P. O. Address *A.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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.