

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26814
STATE FILE NUMBER
3674

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 10

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|--|---|---|--|
| 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, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1 | | d. STREET ADDRESS 4005 Jackson | |
| 3. NAME OF DECEASED (Type or print) First Christine Middle Mable Last Caskie | | 4. DATE OF DEATH Month Aug. Day 21 Year 1956 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 17 1879 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Wanamakers Store | 11. BIRTH PLACE (City and state or country) Sweden |
| 13. FATHER'S NAME Andrew Wieberg | | 14. MOTHER'S MAIDEN NAME Martha Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 065-05-1269 | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERNAL BETWEEN ONSET AND DEATH 3:31 X | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from Aug. 20, 1956 to Aug. 21, 1956 and last saw ^{her} him alive on Aug. 21, 1956 Death occurred at 12:15 pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE B. J. Burns | | 22b. ADDRESS 24th & Cherry Sts. | 22c. DATE SIGNED 8/21/56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Aug 21, 1956 | 23c. NAME OF CEMETERY OR CREMATORY Elmore Cemetery | 23d. LOCATION (City, town, or county) (State) Elmore, Kansas |
| 24. FUNERAL DIRECTOR Ralston Funeral Home | ADDRESS Moran, Mo | 25. DATE RECD. BY LOCAL REG. 8-22-56 | 26. REGISTRAR'S SIGNATURE neva minshall |

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.....
Chas. E. Wilks

Licensed Embalmer No. *269*

P. O. Address *K. C. L.*

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.