

FILED DEC 7-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38177
State File No. 4996

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4996</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Wyandotte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Luth-Hosp. DOA.</u>		c. LENGTH OF STAY (In this place) <u>D.P.A.</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"/>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. STREET ADDRESS (If rural, give location)	
a. (First) <u>Anna</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Nicolaisen</u>		Date (Month) (Day) (Year) <u>Nov. 18 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 6, 1884</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>K. C. Missouri</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Jens Erickson</u>		13b. MOTHER'S MAIDEN NAME <u>Karen Peterson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Niels Nicolaisen</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Niels Nicolaisen, K. C. Kans.</u>	
17. ADDRESS <u>K. C. Kans.</u>		18. CAUSE OF DEATH				MEDICAL CERTIFICATION	
18. CAUSE OF DEATH		Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH <u>8-7-56</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u>				DUE TO (b) <u>Arteriosclerosis</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arteriosclerosis</u>				4301	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		21f. HOW DID INJURY OCCUR	
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"/>		22. I hereby certify that I attended the deceased from <u>8-7-56</u> , 19 <u>56</u> , to <u>11-17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-17</u> , 19 <u>56</u> , and that death occurred at <u>11:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. M. Nunn</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>1401 SW Blvd KC Kan</u>		23c. DATE SIGNED <u>11-19-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 20, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-19-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home, K. C. Kans.</u>		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD P. M. Nunn

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 *Joseph M. M. Conthy*

Licensed Embalmer No. *4694*

P. O. Address *K.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.