THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1957

STATE FILE NUMBER 1545

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 21

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 Independence — Inside Limits Yes X No ☐	c. CITY OR TOWN Independence Mo. 1005 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Indep. Hospital — Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 2424 Glenwood — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First Fredrick	Middle Edward	Last Jurgeson	4. DATE OF DEATH Month Jan Day 15 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED XXX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 24 1908	9. AGE (In years last birthday) 48 — 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) Foreman-Auto Body Rep.	10b. KIND OF BUSINESS OR INDUSTRY DeBacker Chev. Co	11. BIRTHPLACE (City and state or country) Kansas City Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Rudolph Jurgeson		14. MOTHER'S MAIDEN NAME Elfrida Tiedt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W. W. # 2	16. SOCIAL SECURITY NO. 487 09 4562	17. INFORMANT Mrs. Edna Jurgeson — Address 2424 Glenwood		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aneurysm of cerebral vessel — years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 330x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-7-57, to 1-15-57 and last saw her/him alive on 1-15-57

Death occurred at 11:13 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Drs. Grabske & Link Vance E. Link, MD	22b. ADDRESS 10901 Winner, Indep., Mo.	22c. DATE SIGNED 1-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-17-57	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEMORIAL CHAPEL INC K.C.MO	25. DATE RECD. BY LOCAL REG. 1-17-57	26. REGISTRAR'S SIGNATURE [signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr. Lick
Praya Med Bldg
Engelwood

JAN 2 1 1957

APR 1 0 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Everett L. Sell,.....

Licensed Embalmer No. 48

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.