pt. Health,
., & Welfare
S. Public
lth Service

. S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

STATE FILE NUMBER 47225

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6083

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 723 W. 84th. St. — Length of stay in this place 3 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 723 W. 84th St. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Carl — Middle -- — Last Christoffersen

4. DATE OF DEATH: Month Dec — Day 19 — Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH June 8 1865

9. AGE (In years last birthday) ~~92~~ 92 — 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) West Side Feed & Coal Co.

10b. KIND OF BUSINESS OR INDUSTRY Self Emp.

11. BIRTHPLACE (City and state or country) STAUBY DENMARK

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Christoffersen

13b. MOTHER'S MAIDEN NAME Un Known

14. NAME OF HUSBAND OR WIFE Inger Christoffersen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Clara Roy — Address 723 W 84th St. KC Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	8 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic nephritis	1 year
DUE TO (c)	Hypertension	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 ~~Kansas City~~ — **COUNTY** Jackson — **STATE** Mo

21. I attended the deceased from Dec 15th, 1957 to Dec 19, 1957 and last saw her alive on Dec 18th, 1957. Death occurred at 9 00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph Getelson (Degree or title) M.D.

22b. ADDRESS 900 Rialto Bldg.

22c. DATE SIGNED 12-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12 23 1957

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Gates Funeral Home — **ADDRESS** Kan City Kan

25. DATE RECD. BY LOCAL REG. 12-23-57

26. REGISTRAR'S SIGNATURE Neva Meinshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph Getelson

Dr. Getelson
~~Rialto Bldg~~
M

2

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 ..... Signed Paul R. Williamson
Signature of Student Embalmer

Licensed Embalmer No. 5-009

P. O. Address .....

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.