

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1958

58-018564
STATE FILE NUMBER 2476

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2319 Bales		Length of stay in lb 58 yrs.	d. STREET ADDRESS (If outside, give location) 2319 Bales
3. NAME OF DECEASED (Type or print) Charles Thulin		First Middle Last	4. DATE OF DEATH Month May Day 14 Year 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman		10b. KIND OF BUSINESS OR INDUSTRY Fire Dept.	9. AGE (In years last birthday) 79
13a. FATHER'S NAME John Thulin		13b. MOTHER'S MAIDEN NAME Emeline Jehle	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Spanish American War		16. SOCIAL SECURITY NO. None	14. NAME OF HUSBAND OR WIFE Ellen Thulin
17. INFORMANT Ellen Thulin		Address 2319 Bales	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Myocarditis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH week year 4222
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 _____ Month, Day, Year _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 8:45 Am. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gerald W. Barry MD		22b. ADDRESS 3601 A Truost Ave.	22c. DATE SIGNED 5-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/58	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR Earp & Sons		ADDRESS 4707 Truman Rd. K.C. Mo.	25. DATE RECD. BY LOCAL REG. 5-15-58 26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

Gerald W. Barry. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *John B. Camp*

Licensed Embalmer No. *5950*

P. O. Address. *J. C. 2nd*

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.