Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044136
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5734

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K.C. Mo. Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Length of stay in 1b 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Douglass
c. CITY OR TOWN Lawrence Inside Limits Yes ☒ No ☐
d. STREET & NO. 1926 Vermont (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Broer Middle G. Last Gustafson
4. DATE OF DEATH Month 12 Day 2 Year 58
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 9-31-98
9. AGE (In years last birthday) 77 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) Retired Jeweler
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Lawrence, Kans.
12. CITIZEN OF WHAT COUNTRY? U-S.
13a. FATHER'S NAME Joel Gustafson
13b. MOTHER'S MAIDEN NAME Matilda —
14. NAME OF HUSBAND OR WIFE nelle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 511-32-2921
17. INFORMANT Gordon Gustafson Address Lawrence, Kans.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 4 days
Pulmonary Edema and Congestive Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Obstructive Pulmonary Emphysema 4200
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 Nov 27, 1958, to December 2, 1958 and last saw him alive on December 2, 1958
Death occurred at 10:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harold W. Voth (Degree or title) M.D
22b. ADDRESS 201 Plaza Med Bldg. 315 N. Belt Rd K. C. Mo
22c. DATE SIGNED Dec 2, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-4-58
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Lawrence, Kansas
24. FUNERAL DIRECTOR Cooper-Warren ADDRESS Lawrence Kansas
25. DATE RECD. BY LOCAL REG. 12.4.58
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harold W. Voth

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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 R. Sidmon

Licensed Embalmer No. 453

P. O. Address Kansas C

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.