

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044200

STATE FILE NUMBER

FILED JAN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5947

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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp		Length of stay in 1b 50 yrs	d. STREET ADDRESS (If outside, give location) 1816 JEFFERSON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK W. Jorgensen			4. DATE OF DEATH Month Day Year Dec 14 - 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 6 - 1881
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) Foreman		10b. KIND OF BUSINESS OR INDUSTRY ARMOUR & Co	11. BIRTHPLACE (City and state or country) Sleepy Eye MINN
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Waldner Jorgensen	
13b. MOTHER'S MAIDEN NAME Dorothy Hansen		14. NAME OF HUSBAND OR WIFE Sophie Jorgensen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 510-05-6069	17. INFORMANT Sophie Jorgensen Address 1816 JEFFERSON
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia pulmonary oedema extensive second & third degree burns Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) severe burns DUE TO (c) severe burns PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 89103			INTERVAL BETWEEN ONSET AND DEATH 48 hours 3 mo.
20a. ACCIDENT <input checked="" 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.) burning trash, clothing caught fire	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 9-13-58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson, Mo.	
21. I attended the deceased from 9-13-58 to 12/14-58 and last saw her/him alive on 12/13/58 Death occurred at 1:04 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Print or title) Grover N. Gillum		22b. ADDRESS 926 - E - 17th St	22c. DATE SIGNED 12/16/58
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	23b. DATE 12-17-1958	23c. NAME OF CEMETERY OR CREMATORIAL Elmwood Cem.	23d. LOCATION (City, town, or county) (State) Kansas City Mo
24. FUNERAL DIRECTOR ADDRESS Gates Funeral Home KC Kan		25. DATE RECD. BY LOCAL REG. 12.16.58	26. REGISTRAR'S SIGNATURE neva minshall

(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
MEDICAL CERTIFICATION
D. O. Grover N. Gillum

Dr. [unclear]
[unclear]

E. 1. 41 - 6 - 1

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 *Paul R. Williamson*

Licensed Embalmer No. *5009*
P. O. Address *Overland Park, 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.