

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001201

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas city mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas city</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Luke's</u> Length of stay in 1b <u>35 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>106 E. 80th ten</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>Harold</u> Middle <u>S.</u> Last <u>Bjargo</u>			4. DATE OF DEATH Month <u>1</u> Day <u>10</u> Year <u>1959</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-29-1901</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express Handler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Express agency</u>	11. BIRTHPLACE (City and state or county) <u>Revere Minnesota</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Nels Bjargo</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Hansen</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel K Bjargo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-05-4613</u>	17. INFORMANT Address <u>Ethel K Bjargo 106 E 80th ten Kc mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma, Generalized</u> DUE TO (b) <u>Adenocarcinoma of Colon</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 Mo</u> <u>Op. Dec 1955</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <u>none</u> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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 <u>July 1953</u> to <u>Jan 10 '59</u> and last saw <u>him</u> alive on <u>June 6, 1959</u> Death occurred at <u>8:30 am Jan 9, 1959</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>Contd Boody MD</u>		22b. ADDRESS <u>217 Pop Pine Bldg Kc Mo</u>	22c. DATE SIGNED <u>1/10/59</u>
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>	23b. DATE <u>1-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas city, mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>France-Wornall Funeral Home Kc mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-12-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Robt. J. Boody

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 *Russell N. Fran* .....

Licensed Embalmer No. *425* .....  
P. O. Address *K C 9m* .....

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.