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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009441

FILED MAR 26 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 1310 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 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 Research Hospital		Length of stay in lb 11 yrs	d. STREET ADDRESS (If outside, give location) 6208 Rockhill		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OSCAR Middle Eric Last HEDLUND			4. DATE OF DEATH Month March Day 12 Year 1959		
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 Feb 4, 1889	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Auto Repair	11. BIRTHPLACE (City and state or country) Warrensburg, MO	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arnon Hedlund		13b. MOTHER'S MAIDEN NAME Constance LaRose		14. NAME OF HUSBAND OR WIFE Mary Hedlund	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No, if known) (If yes, give date of service) Yes WWI		16. SOCIAL SECURITY NO. 487-07-0885	17. INFORMANT Address Mary Hedlund - 6208 Rockhill		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) 201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Perturbations Resolved					INTERVAL BETWEEN ONSET AND DEATH 8 hours years
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 p.m.					
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 1957 , to 12 March 59 and last saw ^{her} him alive on 12 March 59 . Death occurred at 1:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Don B. Blumhoff, M.D.			22b. ADDRESS 3905 Main KC 13 Mo		22c. DATE SIGNED 12 March 59
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
REMOVAL		3-12-59		Sunset Hill Cem.	
24. FUNERAL DIRECTOR Melody-McGilley-Eyler		ADDRESS 1800 Linwood		25. DATE RECD. BY LOCAL REG. 3-12-59	
26. REGISTRAR'S SIGNATURE Neve Minshall					

Jean B. Willoughby MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

*Mr. Gene Williams
5905
DC 3-8600 - 63-*

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 A. Pedersen*

Licensed Embalmer No. *502*
P. O. Address *Indep. Md.*

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.