

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018096

STATE FILE NUMBER

FILED MAY 29 1959 Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Prairie</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Kansas City (Fairmount)</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ja.Co.Hospital</b>		Length of stay in 1b <b>9 days</b>	d. STREET ADDRESS (If outside, give location) <b>10105 E.10th</b>
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>THAGA</b> Last <b>GUSTAFSON</b>		4. DATE OF DEATH Month <b>May</b> Day <b>17</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 26, 1882</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired, so indicate) <b>Retired Mo. Portland Cement Co.</b>	11. BIRTHPLACE (City and state or country) <b>Malmo, Sweden</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Gustav Yohanson</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>Caroline --</b>	14. NAME OF HUSBAND OR WIFE <b>Marie</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-09-1586</b>	17. INFORMANT Address <b>Marie Gustafson 10105 E. 10th</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio sclerotic Heart disease</b> DUE TO (b) <b>Generalized arterio sclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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 _____ a.m. _____ 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 <b>5-10-59</b> to <b>5-17-59</b> and last saw her alive on <b>5-17-59</b> Death occurred at <b>5:30</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Phyllis Heger M.D.</b>		22b. ADDRESS <b>Lee's Summit, Mo</b>	22c. DATE SIGNED <b>5/18/59</b>
23a. BURIAL, CREMATION, OR OTHER DISPOSITION <b>Burial</b>	23b. DATE <b>May 19, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove</b>	23d. LOCATION (City, town, or county) (State) <b>Indep, Mo.</b>
24. FUNERAL DIRECTOR <b>OTT &amp; MITCHELL</b>		ADDRESS <b>INDEP. MO.</b>	25. DATE RECD. BY LOCAL REG. <b>5-18-59</b>
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 *Henry J. Mitchell* .....

Licensed Embalmer No. *3925* .....  
P. O. Address *Indep. 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.