

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021513

FILED JUN 17 1959

STATE FILE NUMBER
2662

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2662

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5624 Kenwood		Length of stay in lb 65 YEARS	d. STREET ADDRESS (If outside, give location) 5624 Kenwood

3. NAME OF DECEASED (Type or print) First Middle Last Emil P. Lundeen			4. DATE OF DEATH Month Day Year MAY 28, 1959		
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5. SEX MALE	6. COLOR OR RACE CAUC.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 12, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY PACKING COMPANY	11. BIRTHPLACE (City and state or country) Omaha, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Olaf Lundeen	13b. MOTHER'S MAIDEN NAME HANNAH FRICKSON	14. NAME OF HUSBAND OR WIFE Lillie Lundeen
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 510-05-4714	17. INFORMANT Address Lillie Lundeen 5624 Kenwood
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis		4 yrs
	DUE TO (c) Generalized Arteriosclerosis		4 years
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 Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from **Feb-25-59** to **May-28-59** and last saw ^{her}him alive on **May-28-59**
Death occurred at **11:00** m on the date stated above; and to the best of my knowledge, from the causes stated

22a. SIGNATURE (Degree or title) Carl H. Brust M.D.	22b. ADDRESS 106 W 14th St, K.C., Mo	22c. DATE SIGNED May 29-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE June 1, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAD CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, Missouri
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24. FUNERAL DIRECTOR ADDRESS Muehlebach 6800 Troost	25. DATE RECD. BY LOCAL REG. 5-29-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Carl H. Brust
All diseases in part I must be causally related.

Am. Co. St.
106 W. 14th

Gr 1-0050 - Sign. Company.

2:30 - 5:00 PM, Fri.

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. P. No.

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.