

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-025327**

**FILED VS JUL 27 1959**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3366 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>53 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5163 BROOKWOOD ROAD</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>LEONARD CHRISTIAN NIELSEN</b>	4. DATE OF DEATH Month Day Year <b>JULY 7, 1959</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 2, 1885</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STEAM FITTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OIL REFINERY</b>	11. BIRTHPLACE (City and state or country) <b>COPENHAGAN, DENMARK</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>JENS CHRISTIAN NIELSEN</b>	13b. MOTHER'S MAIDEN NAME <b>GUNHILDE M. PETERSEN</b>	14. NAME OF HUSBAND OR WIFE <b>CHRISTINE NIELSEN</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>486-03-0867</b>	17. INFORMANT <b>MRS BERTHA ROADCAP-INDEPENDENCE, MISSOURI</b>	Address <b>9625 EAST 32nd. STREET</b>
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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) <b>Metastatic Carcinoma Liver &amp; Pancreas</b> DUE TO (b) <b>Ca. of stomach - operated 1958</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <b>September 24, 1945</b> to <b>July 7, 1959</b> and last saw her/him alive on <b>July 7, 1959</b> Death occurred at <b>if</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>H.P. Boughnour M.D.</b>	(Degree or title)	22b. ADDRESS <b>315 Nichole Road, Kansas City, Mo.</b>	22c. DATE SIGNED <b>7/7/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 11, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS-KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>7-9-59</b>	26. REGISTRAR'S SIGNATURE <b>Neal Marshall</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. P. Boughnour

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. J. Nelson*

Licensed Embalmer No. 4421

P. O. Address. Kanawha

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.