

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JUL 27 1959

59-025329
 STATE FILE NUMBER

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 3426

DEED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF Arnold V. Arms

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		Length of stay in 1b App. 50 yrs.		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 316 East 66th Street				d. STREET ADDRESS (If outside, give location) 316 East 66th St		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) BENJAMIN			First Middle Last NORDBERG			4. DATE OF DEATH Month July 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 Mar. 19-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Clerk		10b. KIND OF BUSINESS OR INDUSTRY Jackson County		11. BIRTHPLACE (City and state or country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Olof G. Nordberg			13b. MOTHER'S MAIDEN NAME Johanna Martensson			14. NAME OF HUSBAND OR WIFE Florence E. Nordberg	
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. 487-10-1277		17. INFORMANT Florence E Nordberg, 316 E 66th		Address
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>Arteriosclerotic Heart Disease - Sudden</u> <u>Stoke's Adams Syndrome</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis - L.B.B.</u> DUE TO (c) <u>Arteriosclerosis Generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u> <u>5 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES <input 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.)					
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	
21. I attended the deceased from <u>January, 1958</u> to <u>July 12, 1959</u> and last saw him alive on <u>July 12, 1959</u> . Death occurred at <u>K. City, Mo.</u> at <u>3:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Arnold V. Arms, M.D.</u>				22b. ADDRESS <u>4635 Wyaneth K. City, Mo</u>		22c. DATE SIGNED <u>7-12-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/14/59	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah Cemetery		23d. LOCATION (City, town, or county) Kansas City, Mo		(State)	
24. FUNERAL DIRECTOR MELLODY-MCGILLEY-EYLAR WOODLAND & LINWOOD		25. DATE RECD. BY LOCAL REG. 7-13-59	26. REGISTRAR'S SIGNATURE <u>Neve Minshall</u>				

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 _____
Licensed Embalmer No. 338

P. O. Address _____

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.