

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025330

FILED VS JUL 31 1959

3464

STATE FILE NUMBER

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

DED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 31 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 N.E. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3202 EAST 6TH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINNIE Middle HENRIETTA Last NORDSTROM			4. DATE OF DEATH Month JULY Day 14 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/13/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) DAVENPORT, IOWA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY KROHN		13b. MOTHER'S MAIDEN NAME ELIZARETH PHILERAR		14. NAME OF HUSBAND OR WIFE CARL NORSTROM		
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. 495-07-9603 B		17. INFORMANT Address MR; CARL NORDSTROM 3202 EAST 6TH		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH year year
DUE TO (b) Myocardial insufficiency			
DUE TO (c) Arteriosclerosis			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Strangulated umbilical Hernia + Surgical Shock		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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. 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

21. I attended the deceased from **July 13, 1959** to **July 14, 1959** and last saw her/him alive on **July 14, 1959**
Death occurred at **12:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank T. Machovec, D.O.	22b. ADDRESS 214 Garfield Avenue	22c. DATE SIGNED 7-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/17/59	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY KANSAS CITY, MISSOURI	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR C. H. BLACKMAN & SON INC. K.C. MO.		25. DATE RECD. BY LOCAL REG. 7-15-59	26. REGISTRAR'S SIGNATURE Neal Minchall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Frank T. Machovec**

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 Bert B. Ben

Licensed Embalmer No. 4656

P. O. Address H. C., N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.