

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029030

FILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4152 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 4 days	c. CITY OR TOWN LAWRENCE	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		d. STREET ADDRESS (If outside, give location) 1746 NEW HAMPSHIRE	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HARVEY HAGEN DAHL			4. DATE OF DEATH Month Day Year August 25, 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 11-18-21	9. AGE (last birthday) 37	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) Walter, Bartender		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) W Oconto, Wisconsin	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Peter Dahl		13b. MOTHER'S MAIDEN NAME Hilda Marie Anderson		14. NAME OF HUSBAND OR WIFE Marie Dahl	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA Hospital, Official Records, K.C. Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hemoglobinuric nephrosis (shock kidney)	
	DUE TO (c) Head and chest injuries (auto accident)	
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 checked="" 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.) One car accident, victim's car struck tele. pole.
20c. TIME OF INJURY Hour a.m. 1:30 xxx	Month, Day, Year 8 13 59	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Crescent Drive (street)	20f. CITY, TOWN, OR LOCATION COUNTY STATE Sedalia Pettis Missouri
21. I attended the deceased from August 21, 1959 to August 25, 1959 Death occurred at 6:22 8m on the date stated above, and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Degree or title) Geo. C. Kealhofer	22b. ADDRESS 6622 Prudett St S.W.	22c. DATE SIGNED 8-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/26/1959	23c. NAME OF CEMETERY OR CREMATORY Lawrence Cemetery
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons 1331 Brush Creek Blvd.		23d. LOCATION (City, town, or county) (State) Lawrence Kansas
25. DATE RECD. BY LOCAL REG. 8-26-59		26. REGISTRAR'S SIGNATURE Marv Marshall

Kansas City Missouri

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Geo. C. Kealhofer

SEP 16 1959

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 *Logan F. Fuller*

Licensed Embalmer No. 481

P. O. Address KC 7M

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.