

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59-032319

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4381 STATE FILE NUMBER

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 32 Yrs	c. CITY OR TOWN 817/Cherry Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Riverview Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 817 Cherry

3. NAME OF DECEASED (Type or print) OTTO ERICKSON	First Middle Last	4. DATE OF DEATH September 7 1959	Month Day Year
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5. SEX Male	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 12/ /1884	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Salesman	11. BIRTHPLACE (City and state or country) Sweden	12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME Aaron Erickson	13b. MOTHER'S MAIDEN NAME Marie ?	14. NAME OF HUSBAND OR WIFE Eva Erickson (Dec)
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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. 499-07-6218	17. INFORMANT Iver Erickson 6221 Agnes Kansas City Mo	Address
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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) myocardial Infarction		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary arteriosclerosis	
	DUE TO (c) generalized arteriosclerosis	
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 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 Dec. 2, 1958 to Sept. 7th - 59 and last saw her/him alive on 9-5-59
Death occurred at 5³⁰ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert F. Goodwin M.D.	22b. ADDRESS 5239 Catalina K.C. 3, Kan	22c. DATE SIGNED 9-8-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/9/59	23c. NAME OF CEMETERY OR CREMATORY Swedish Cemetery
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo		23d. LOCATION (City, town, of county) (State) Osage City Kansas
25. DATE RECD. BY LOCAL REG. 9-9-59		26. REGISTRAR'S SIGNATURE Neva Minshall

DOCUMENT

MEDICAL CERTIFICATION

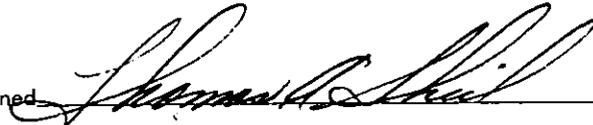
BY AFFIDAVIT OF
Robert F. Goodwin

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. 4954

P. O. Address K. C. M.

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