...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 16 1959

'59 043679

STATE FILE NUMBER

...MENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City — Length of stay in 1b Oct 18, 59
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clay
c. CITY OR TOWN Gladstone, Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 6209 N. Howard — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lempi Middle Last Rokala

4. DATE OF DEATH Month Dec. Day 11, Year 1959

5. SEX female

6. COLOR OR RACE Cauc

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 11-19-1891

9. AGE (last birthday) 67

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) Home Maker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Finland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Alex Salmi

13b. MOTHER'S MAIDEN NAME Wilhelmina Sarri

14. NAME OF HUSBAND OR WIFE John Rokala

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 472-09-8530

17. INFORMANT Miss Sylvia Rokala — Address 6209 N. Howard Gladstone, Mo.

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)	Circulatory Failure, Acute	Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Broncho pneumonia, Right	2 weeks
DUE TO (c)	Carcinoma of lung	6 mos

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 _____ to _____ and last saw her/him alive on _____

Death occurred at 5:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A E Upsher (Degree or title) MD

22b. ADDRESS Kansas City-6-Mo

22c. DATE SIGNED 12/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12-12-59

23c. NAME OF CEMETERY OR CREMATORY Nashwauk Cem.

23d. LOCATION (City, town, or county) (State) Nashwauk, Minn.

24. FUNERAL DIRECTOR D.W. Newcomer's Sons — ADDRESS N.K.C.

25. DATE RECD. BY LOCAL REG. 12-12-59

26. REGISTRAR'S SIGNATURE Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

US DEC 28 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John V. Kerrick, Jr.

Licensed Embalmer No. 4848

P. O. Address K. C. 17, Mo.

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