

**DUI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS JAN 19 1960**

~~7-20-1959~~

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6244 STATE FILE NUMBER 59-046775

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>OVERLAND PARK</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKES HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>8834 SLATER</u>	

<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>NILS W HEDLUND</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>DEC 28, 1959</u>		
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<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>NOV 5, 1915</u> <b>AGE (last birthday)</b> <u>44 yrs.</u>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b> Hours Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>MANAGER JEFFERSON CITY ELEC. CO.</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>ELEC. CO.</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>PORTLAND OREGON</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>AUGUST HEDLUND</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>ANNA JOHNSON</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>JENNY HEDLUND</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>586-016655</u>	<b>17. INFORMANT</b> Address <u>JENNY HEDLUND 8834 SLATER</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ca Colon e Intestines - to liver legs.</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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<b>21. I attended the deceased from</b> <u>Jan. '59</u> to <u>Dec. 28 '59</u> and last saw him alive on <u>Dec. 27 '59</u> Death occurred at <u>2:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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<b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>22b. ADDRESS</b> <u>4635 W. Grand</u>	<b>22c. DATE SIGNED</b> <u>12-28-59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	<b>23b. DATE</b> <u>DEC 30, 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>MT. MORIAH CEM</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>D. W. NEWCOMER'S SONS K.C. MO.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-29-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robinson

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

*W. J. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City*

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.