

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001903

FILED VS FEB 4 1960

149

Registration District No. *1002* Primary Registration District No. _____ Registrar's No. _____

436

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 lb 9 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 VA Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3516 Summit Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PETER Middle MARINUS Last SORENSON	4. DATE OF DEATH Month January Day 22 Year 1960
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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 4/17/71	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Vesterenga, Denmark	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Frederick Sorenson	13b. MOTHER'S MAIDEN NAME Johanna Peterson	14. NAME OF HUSBAND OR WIFE Anna Sorenson
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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) Yes 4-27-98 to 10-28-99	16. SOCIAL SECURITY NO. _____	17. INFORMANT Miss Elizabeth Sorenson 4236 Holly K.C. 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) Bronchopneumonia Right and Left lower lobe		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Uremia (Clinical)	
	DUE TO (c) Hypertension and chronic pyelonephritis	
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 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 _____
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21. **VA** attended the deceased from **1-15-60** to **1-22-60** *1/15/60 to 1/22/60*
Death occurred at **5:50** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. A. Turner</i> (Degree or title) M.D.	22b. ADDRESS VA Hospital, K. C. Mo.	22c. DATE SIGNED 1/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 25-1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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24. FUNERAL DIRECTOR Jos. A. Butler's Sons, K. C. Kansas ADDRESS _____	25. DATE RECD. BY LOCAL REG. 1-25-60	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **J. A. Turner**

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. _____

X

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Russell W. Dennis

Licensed Embalmer No. 3462

P. O. Address K C Kansas

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.