RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-011004

FILED VS MAR 28 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1439 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 2½ yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4004 Troost Ave
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Osage
c. CITY OR TOWN Osage City
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.F.D. (If outside, give location)
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Arthur Middle E. Last Hoglund ~~Hoaglund~~
4. DATE OF DEATH Month March Day 10 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec 9, 1884
9. AGE (last birthday) 75
IF UNDER 1 YEAR Months 3 Days 1
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Miller Kans.
12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Nels E. Hoglund
13b. MOTHER'S MAIDEN NAME Albertina Gomason
14. NAME OF HUSBAND OR WIFE none
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. unk.
17. INFORMANT Hospital Records St Luke Hosp Address K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertension
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 Jan. 1956 to Mar. 10, 1960 and last saw him alive on Mar. 9, 1960
Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Slentz (Degree or title) M.D.
22b. ADDRESS 4620 Michigan Bldg. K.C. Mo.
22c. DATE SIGNED Mar. 10, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Mar 13, 1960
23c. NAME OF CEMETERY OR CREMATORY Union — Cem.
23d. LOCATION (City, town, or county) (State) Olathe, Kansas, Osage

24. FUNERAL DIRECTOR Martin Trye ADDRESS Olathe Kans
25. DATE RECD. BY LOCAL REG. 3-10-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF W. A. Slentz MEDICAL CERTIFICATION DOCUMENT

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_____ Signed Martin W. Dye

Signature of Student Embalmer

Licensed Embalmer No. 36/5

P. O. Address Olathe K

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