

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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=60-030720

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4224 STATE FILE NUMBER

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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) Kansas City		Length of stay in 1b 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 General Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1205 Troost Ave.	
3. NAME OF DECEASED (Type or print) HANS		First		Middle CHRISTIAN		Last NIELSEN	
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-21-86	
9. AGE (last birthday) 74		4. DATE OF DEATH Month 8 Day 16 Year 60		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Misc. Jobs		11. BIRTHPLACE (City and state or country) Denmark	
12. CITIZEN OF WHAT COUNTRY "unknown"				13a. FATHER'S NAME "unknown"			
13b. MOTHER'S MAIDEN NAME "unknown"				14. NAME OF HUSBAND OR WIFE None			
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. 495-10-6559		17. INFORMANT Records: Jackson County Welfare	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction				INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 9:40am Month 8-16-60 Day 8-16-60 Year 8-16-60 s.m. p.m.		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 K.C., Mo.	
21. I attended the deceased from 10:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				21. I attended the deceased from 9:40am 8-16-60 to 10:05am 8-16-60 and last saw him alive on 8-16-60			
22a. SIGNATURE H. L. Dwyer (Degree or title)				22b. ADDRESS 2400 Cherry - K.C., Mo.		22c. DATE SIGNED 8-17-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Anatomical		23b. DATE 8-17-60		23c. NAME OF CEMETERY OR CREMATORY Anatomy Department University of Missouri		23d. LOCATION (City, town, or county) (State) Columbia, Missouri	
24. FUNERAL DIRECTOR Weilert's: 2332 Monitor Place, K.C., Mo.				25. DATE RECD. BY LOCAL REG. 8-17-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Weiler

Licensed Embalmer No. 407

P. O. Address R. C. 8

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