

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1960

5133-60-038403

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5143 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		c. CITY OR TOWN KANSAS CITY,	
Length of stay in 1b 33 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not at home) HOSPITAL OR INSTITUTION HEARTSTONE HOME 708 GARFIELD		d. STREET ADDRESS (If outside, give location) 5516 BALES	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last MAMIE E HOLBORG			4. DATE OF DEATH Month Day Year OCTOBER 11, 1960			
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV. 8, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY SANDVIKEN, SWEDEN		11. BIRTHPLACE (City and state or country) USA		
13a. FATHER'S NAME CHARLES J. HOLBORG		13b. MOTHER'S MAIDEN NAME EMMA C. MODIG		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. —		17. INFORMANT Address MRS. LOUISE OLSON 5516 BALES		

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) Cerebral Hemorrhage		1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Myocarditis	5 years
	DUE TO (c) arteriosclerosis	10 year
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"/> N. <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 a.m. p.m.	Month, Day, Year	
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

21. I attended the deceased from 8-1-60 6:15 AM on the date stated above, and to the best of my knowledge, from the causes stated. and last saw her/him alive on 10-11-60
Death occurred at _____

22a. SIGNATURE (Degree or title) Frank Paul Lawrence MD		22b. ADDRESS 428 S White Ave		22c. DATE SIGNED 10-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 13, 1960	23c. NAME OF CEMETERY OR CREMATORY RUSSELL CEMETERY	23d. LOCATION (City, town, or county) (State) RUSSELL KANSAS	
24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH 6800 TROOST		25. DATE RECD. BY LOCAL REG. 10-12-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer	

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence M.D. Licensed Embalmer's Statement on Reverse Side

Dr. Lawrence
Memorial Hosp.

Emergency Room

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 P. E. Nichol

Licensed Embalmer No. 4797
P. O. Address K. P. J.

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.

12-11-57