RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 9 1960 149 Registration District No. 1002 Primary Registration District No. 6065 Registrar's No. -60-046114 STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY JACKSON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY Cook
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 15 MINUTES	c. CITY OR TOWN Prospect Heights — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. General Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1012 East Wildwood Drive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FREEDA	Middle	Last HEDSTROM	4. DATE OF DEATH Month December	Day 2,	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Widowed	8. DATE OF BIRTH 6/30/1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days / IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Sweden		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Lars J. Johnson	13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Rev. Henry J. Hedstrom		
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. NONE		17. INFORMANT Mr.E.O. Brostrom, 4302 Oak, K.C., Mo.		Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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 _____, to _____ and last saw her/him alive on _____

Death occurred at 4:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Geo. C. Kealhofer M.D. Deputy Coroner	22b. ADDRESS 6627 Prospect Kansas	22c. DATE SIGNED 12-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC.3,1960	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVE CEMETERY
23d. LOCATION (City, town, or county) CHICAGO	(State) ILLINOIS	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.	ADDRESS 1331 Brush Creek	25. DATE RECD. BY LOCAL REG. 12-3-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Cook

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 Vern Lawler

Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address K.C. Mo

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