MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 10 02 Registrar's No. 3712 -61-029082 STATE FILE NUMBER

FILED AUG 16 1961

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: 55 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2718 TROOST AVENUE — Inside Limits Yes ☐ No ☐ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2718 TROOST AVENUE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: FRANK Middle: ANTHONY Last: ALBERTSEN
4. DATE OF DEATH Month: JULY Day: 24th Year: 1961
5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-9-01
9. AGE (last birthday): 59 — 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): WAREHOUSE LOBORER
10b. KIND OF BUSINESS OR INDUSTRY: GRAHAM PAPER CO
11. BIRTHPLACE (City and state or country): KANSAS CITY, KANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CHRIS ALBERTSEN
13b. MOTHER'S MAIDEN NAME: MARY. SOPHIA ELLEGARD
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 11
17. INFORMANT: Richard Albertsen 2718 TROOST — Address: K.C.MO

MEDICAL CERTIFICATION

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 Occlusion — 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. ☐ 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 11:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station
22c. DATE SIGNED 7-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JULY 27, '61
23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) KANSAS

24. FUNERAL DIRECTOR D.W.NEWCOMER'SONS — ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY MO
25. DATE RECD. BY LOCAL REG. 7-26-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lewis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

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.