

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-001548
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 108

FILED JAN 18 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE CALIFORNIA COUNTY ALAMEDA	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 3 MONTHS	c. CITY OR TOWN SAN LEANDRO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 845 WOODLAND
3. NAME OF DECEASED First Middle Last CHARLES ERIC CARLSON			4. DATE OF DEATH Month Day Year JANUARY 6th 1962
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/1/68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY SOUTHERN PACIFIC RAILROAD	9. AGE (last birthday) 93
11. BIRTHPLACE (City and state or country) UPLAND, SWEDEN		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LARS ERIC CARLSON		13b. MOTHER'S MAIDEN NAME LOUISE ANDERSON	14. NAME OF HUSBAND OR WIFE ANNA MARIE CARLSON
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 837 WEST 21ST ST MRS. JUDITH BENNETS KANSAS CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Cardiac failure -</i> DUE TO (b) <i>Cerebro-vascular accident</i> DUE TO (c) <i>Arteriosclerosis -</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i> <i>3 months</i> <i>unknown</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Acute cerebral edema - marked</i>			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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 Month, Day, Year a.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	COUNTY STATE
21. I attended the deceased from <i>Sept 28, '61</i> to <i>death</i> and last saw <i>him</i> alive on <i>1-6-62</i> Death occurred at <i>12:00 Noon</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. M. Osgood M.D.</i> (Date or Title)		22b. ADDRESS 104 P. V. MEDICAL BLDG. 71ST ST. TOMAHAWK	22c. DATE SIGNED 1-8-62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN. 9, 1962	23c. NAME OF CEMETERY OR CREMATORY LONE TREE CEMETERY LONE TREE CEMETERY	23d. LOCATION (City, town, or county) PRAIRIE VILLAGE, KANSAS SAN LEANDRO CALIFORNIA
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 1-9-62	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JAN 30 1962

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

Louis Duest

Licensed Embalmer No. 4091

P. O. Address: K. E. M.

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.