

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011432  
1343  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1002 Registrar's No. 1343

**FILED MAR 26 1962**

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Jean B. Willoughby MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>                            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in lb <b>13 Yrs</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5125 Swope Parkway<br/>Nettleton Home</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>5125 Swope Parkway</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Hulda</b> Middle <b>A.</b> Last <b>Trensey</b>  |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>4</b> Year <b>1962</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>        | 8. DATE OF BIRTH<br><b>3-3-1875</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country)<br><b>Sweden</b>   |
| 13a. FATHER'S NAME<br><b>Gustav Sultmen</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Kristuna Peterson</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Henry Trensey</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 17. INFORMANT Address<br><b>Isabelle P. Langley 5125 Swope Parkway</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis &amp; Arrhythmic</b>   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Hours</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Coronary artery disease</b>   |   |  | <b>years</b>  |
| DUE TO (c) <b>Arterio sclerosis</b>   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Fracture of hip 4 weeks ago</b>   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>Fell - General Hospital did not operate because of debility</b> |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>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 <b>1951</b> to <b>4 March 62</b> and last saw her alive on <b>2 March 62</b><br>Death occurred at <b>12:05 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Jean B. Willoughby M.D.</b>  |   | 22b. ADDRESS<br><b>Rt 13 Mo</b>  |   |
| 22c. DATE SIGNED<br><b>5 March 62</b>   |   |  |   |
| 23. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>3-6-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenlawn</b>   |   |
| 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |   |  |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Stine &amp; McClure Kansas City, Missouri</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>3-6-62</b>  |   |
|   |   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |   |

Msgr J. W. Longfellow  
No 3-86-00  
5905 Main

**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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.