

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1915 **63-011472**
STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		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 30 yrs.		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION GLADSTONE NURSING HOME 435 GLADSTONE		d. STREET ADDRESS (If outside, give location) 110 ASKEW	
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)		4. DATE OF DEATH	
First Middle Last SEENA ASPLUND		Month Day Year MARCH 26, 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-28-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) APARTMENT MANAGER - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 61
11a. FATHER'S NAME DANIEL TAYLOR		11b. MOTHER'S MAIDEN NAME UNKNOWN	9. AGE (last birthday) 61
13a. FATHER'S NAME DANIEL TAYLOR		13b. MOTHER'S MAIDEN NAME UNKNOWN	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE GUS ASPLUND
17. INFORMANT MRS A.W. SILKWOOD 108 so. ASKEW		Address	
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Coronary Occlusion			1 day
DUE TO (b) Chronic Myocarditis			5 years
DUE TO (c) Diabetes			12 years
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 s.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 <u>1-26-63</u> to <u>3-26-63</u> and last saw her him alive on <u>3-26-63</u>			
Death occurred at <u>3:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
SIGNATURE <i>Frank Paul Lawrence MD</i> (Degree or title)		22b. ADDRESS 428 So. White Ave	22c. DATE SIGNED 3-26-63
23a. BURIAL, CREMATION, or other final disposal (Specify) BURIAL		23b. DATE 3-28-1963	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY
24. FUNERAL DIRECTOR MUEHLEBACH 6800 TROOST		23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI	
25. DATE RECD. BY LOCAL REG. 3-27-63		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>	

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

Dr. Lauranzano
Massachusetts

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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 Fred T. Brath

Licensed Embalmer No. 3343

P. O. Address Ke. 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.