

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047389

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 142

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

16001

26001

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94201

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED JAN 2 1964

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 21 years	c. CITY OR TOWN Excelsior Springs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Saratoga Apts
3. NAME OF DECEASED (Type or print) First John Middle Ludwig Last Dahl		4. DATE OF DEATH Month November Day 4 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/7/1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass cutter		10b. KIND OF BUSINESS OR INDUSTRY Glass	9. AGE (last birthday) 88
11. BIRTHPLACE (City and state or country) Sweden		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Frederick Samuelson		13b. MOTHER'S MAIDEN NAME Marie Frederickson	
14. NAME OF HUSBAND OR WIFE ##		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 Mrs Amanda Carlson, Ex. Springs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
DUE TO (b) Coronary & Hypertensive Heart Disease		year	
DUE TO (c) Secondary Anemia - Cause Unknown		2 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Peptic Ulcers - Carcinoma of Bladder		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 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.)	
20c. TIME OF INJURY Hour _____ a.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 1936 and last saw her alive on 12-3-63 Death occurred at 12-4-63 ^{12:00} _A m on the date stated above, and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE Lucien B. Schaubert M.D.		22b. ADDRESS 116 South St - Excelsior Springs	22c. DATE SIGNED 12-4-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Crown Hill	23d. LOCATION (City, town, or county) (State) Excelsior Springs, Missouri
24. ADDRESS OF FUNERAL HOME Prehard Funeral Home, Inc Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 12-4-63	26. REGISTRAR'S SIGNATURE Caroline Hutchings

USE BLACK INK OR TYPEWRITER RIBBON

Remains received 12-4-63 6.14.

FEB 27 1964

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 Ralph Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Van Ledingham

Licensed Embalmer No. 4009
P.O. Address Chelton Springs, 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.