

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032877

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4401

FILED SEP 20 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

F. Drake

ITEM NO. SHOULD READ

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb Lifetime		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1319 West 40th Street		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First ROY	Middle OSCAR	Last HAGSTROM	4. DATE OF DEATH 9 3 1961	Month	Day	Year
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/10/97	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Long Distance Switchman Retired-Southwestern Bell Telephone Co. Rosedale, Kansas		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Axel R. Hagstrom		13b. MOTHER'S MAIDEN NAME Johanna Larson		14. NAME OF WIFE RUTH HAGSTROM				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO.		17. INFORMANT 486-03-0156 Mrs. Anita Ruble, 3942 Roanoke Rd.		Address Kansas City, 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)		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH 5 years		
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 <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Coronary arteriosclerosis								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) gash				
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 Memorial Park Cemetery		COUNTY	STATE Kansas City, Missouri	
21. I attended the deceased from 1954 to 1961 and last saw him alive on 9-2-61 Death occurred at 10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Roy F. Drake		(Degree or title) Embalmer		22b. ADDRESS 1332 Brush Creek Blvd.		22c. DATE SIGNED 9-4-61		
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE Sept. 5, 1961		23c. NAME OF CEMETERY OR CREMATORIUM Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 1331 Brush Creek Blvd.		25. DATE RECD. BY LOCAL REG. 9-5-61		26. REGISTRAR'S SIGNATURE Ruth Long		

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 _____

Kern Lawler

Licensed Embalmer No. 4915

P. O. Address KG 700

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.