

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37236
4585

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Kansas City</u> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>1018 Washington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Peter</u> b. (Middle) <u>PARSON</u> c. (Last) <u>Sandgren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) <u>UNKNOWN</u>	
8. DATE OF BIRTH <u>4-28-1867</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>GARDNER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>TENDING LAWN</u>		11. BIRTHPLACE (State or foreign country) <u>4 SWEEDEN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify of what service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>509-14-1392</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAUL KUNZWILER RGN</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis with uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>45-60</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 14, 1950, to Oct. 28, 1950, that I last saw the deceased alive on Oct. 28, 1950, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>B.I. Burns, M.D.</u>		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>10-28-50</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>10/31/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CALVARY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. TIGERMAN & SONS R.C. MO</u>			
DATE REC'D BY LOCAL REG. <u>10-31-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. TIGERMAN & SONS R.C. MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

A. H. H. H.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *H. H. Simmons*

Signed.....
Student Embalmer

Licensed Embalmer No. *3903*

P. O. Address *A. C. Nans*

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 this body is not embalmed, fact should be so stated above.