No. 300
10.48

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5003

State File No. 607

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 65yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4426 Belleview

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4426 Belleview

3718

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): B.
c. (Last): Gostafson ~~Gustafson~~

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 14, 1880
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist, Retired
10b. KIND OF BUSINESS OR INDUSTRY: Westside Machine Co.
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Axel T. Gostafson
13b. MOTHER'S MAIDEN NAME: Hilda Olsen
14. NAME OF HUSBAND OR WIFE: Katherine A. Gustafson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 510-07-1292
17. INFORMANT'S SIGNATURE OR NAME: Mrs Katherine A. Gustafson, K.C. Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

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.*: 4200

19a. DATE OF OPERATION: 4-6-48
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8-45 *19*__, *to* 2-7-52 *19*__, *that I last saw the deceased alive on* 2-7-52 *19*__, *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Graham Owens (Degree or title) M.D.
23b. ADDRESS MD 906 Grand
23c. DATE SIGNED 2-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/9/1952
24c. NAME OF CEMETERY OR CREMATORY: St Marys Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 2-8-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gates Funeral Home. K. C. Kansas.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Graham Owens
Rialto Bldg.

Dr. Graham Owens
Rialto Bldg

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4092

P. O. Address Mission [illegible]

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.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 5003

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 607-52

On this 15th day of February, 1956, before me appears Mrs. Katherine A. Gustafson, who, upon her oath, states that the original record of ~~birth~~ death for Oscar B. Gustafson, died ~~born~~ Feb. 7, 1952, in the State of Missouri, and which was filed at K.C., Mo. on 2-8, 1952 should be corrected as follows:

Item No. 3 should read Oscar B. Gustafson
Instead of Oscar B. Gostafson

Item No. ..... should read .....
Instead of .....

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Instead of .....

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Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Mrs Katharine A. Gustafson Wife
Relationship.
4426 Bellevieu, K.C. Mo.
Present Address.

Subscribed and sworn to before me this 15th day of February, 1956.
My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 460