

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34944**
4391

FILED OCT 25 1952

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Jackson	
b. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) 2 yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION 708 Garfield Ave HOME (If not in hospital or institution, give street address or location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 708 Garfield Ave HOME		e. STREET ADDRESS (If rural, give location) 708 Garfield Ave	

3. NAME OF DECEASED (Type or Print) Samuel E Dahlin			4. DATE OF DEATH (Month) (Day) (Year) 10 5 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 3-28-1890		9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR (Hours) (Days) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholstering		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Osage City Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Dahlin		13b. MOTHER'S MAIDEN NAME Helen Nelson	
14. NAME OF HUSBAND OR WIFE Honora Dahlin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War No 1		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs Judith Dahlin		18. ADDRESS 1346 Spr 99 MO			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis		ANTECEDENT CAUSES		Interval 2 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) arteriosclerosis		Interval 2 yrs	
		DUE TO (c)		Interval 45	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		Interval 45	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **1-51** to **10-5-52**, that I last saw the deceased alive on **10-5-52**, and that death occurred at **5:30 PM** from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laurenza M.D.		23b. ADDRESS 428 South White		23c. DATE SIGNED 10-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-9-52		24c. NAME OF CEMETERY OR CREMATORY Mt St. Marys Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City MO		25. FUNERAL DIRECTOR'S SIGNATURE Passarino Byos		ADDRESS 12 CMO	
DATE REC'D BY LOCAL REG. 10-9-52		REGISTRAR'S SIGNATURE Geraldine Smith			

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

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
Student Embalmer

Signed

John Sidman

Licensed Embalmer No. 45-31

P. O. Address 11 C.M.D.

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.