

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18894**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2826

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 (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5400 SWOPE PARKWAY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>GUSTAVE</u> b. (Middle) <u>ADOLPH</u> c. (Last) <u>EKMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19 1954</u>	

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-13-1890</u>	9. AGE (In years last birthday) <u>64</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSPECTOR-RETIRED</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BROOKLYN, NEW YORK</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. <u>INSPECTOR-RETIRED</u>	10b. <u>NAVAL AIRCRAFT</u>	11. <u>BROOKLYN, NEW YORK</u>	12. <u>U.S.A.</u>				

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>SOPHIE JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. ALMA E. EKMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>449-50-4472</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. ALMA E. EKMAN</u>	ADDRESS <u>5400 SWOPE PARKWAY, KANSAS CITY, MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		
	DUE TO (c) <u>Hypertension</u>		
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec., 1951, to June 19, 1954, that I last saw the deceased alive on June 16, 1954, and that death occurred at 11:30p m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>Frederick Irwig</u>	(Degree or title) of <u>Frederick Irwig, M.D.</u>	23b. ADDRESS <u>1510 Professional Bldg.</u>	23c. DATE SIGNED <u>6/21/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JUNE 23 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PINE LAWN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LONG ISLAND, NEW YORK</u>
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DATE REC'D BY LOCAL REG. <u>6-23-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SON'S R.C.Mo.</u>	ADDRESS <u>1331 BRUSH CREEK.</u>
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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.....
Signature of Student Embalmer

Signed *Rollie Kessel*.....

Licensed Embalmer No. *4690*

P. O. Address *K.C.M.*

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.