

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34069**  
**4877**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4877</u>	
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) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2400 N. LEXA BLVD NORTHEAST NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>1178 EAST 77<sup>TH</sup> STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) _____ c. (Last) <u>OHLESON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 19 1954</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-17-1863</u>		9. AGE (In years last birthday) <u>91</u>	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) <u>RETIRED 30 YEARS CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL BUILDING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GOTLAND, SWEDEN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>OLAF BENDALION</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. PATERINE LARSSON OHLESON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR. A. LAURENCE OHLESON</u> ADDRESS <u>1178 EAST 77<sup>TH</sup> ST. KANSAS CITY, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pyelonephritis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ankylosis of hips, bilateral</u> DUE TO (c) <u>Traumatic urethral stricture</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>over 5 yrs</u>  "  "  <u>5 1/2 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) <u>123</u>			
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 <u>9 June, 1950</u> , to <u>19 Oct, 1954</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>9 Oct, 1954</u> , and that death occurred at <u>10:23 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. Laurence Johnson M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>1316 Professional Bldg</u>		23c. DATE SIGNED <u>19 Oct 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-21-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>10-20-54</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

W-3707

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 *Edward M. Sta*

Licensed Embalmer No. *44*

P. O. Address *K. C. 101*

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.