

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4700

FILED FEB 27 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 556

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>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		STREET ADDRESS (If rural, give location) <u>6 Hill ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>S</u> c. (Last) <u>Frederickson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1957</u>
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 10, 1906</u> 9. AGE (in years last birthday) <u>50</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>Director Flight Operations</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>T.W.A.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>SALT LAKE CITY, UTAH</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas Frederickson</u>	13b. MOTHER'S MAIDEN NAME <u>Christie Stayner</u>	14. NAME OF HUSBAND OR WIFE <u>Dorthea Frederickson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW 2</u>	16. SOCIAL SECURITY NO. <u>487-05-9463</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS DOROTHEA Frederickson</u> ADDRESS <u>6 Hill ST K.C. 16 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Occlusion Shows</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>2</u>
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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 2/3, 1957, to 2/3, 1957, that I last saw the deceased alive on 2/3, 1957, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edw. J. ... MD</u>	23b. ADDRESS <u>4030 H Oak KC 16 Mo</u>	23c. DATE SIGNED <u>2/4/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-6-1957</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>SALT LAKE CITY UTAH</u>
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DATE REC'D BY LOCAL REG. <u>2-5-57</u>	REGISTRAR'S SIGNATURE <u>Neal Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomer Sons North Kansas City</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD James E. Mc Cormick

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..... *John Halebeck*

Licensed Embalmer No. *494*
P. O. Address *No. Kansas*

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.