

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015204

FILED VS. MAY 5 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No.

2084

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>		Length of stay in 1b <u>50 yrs</u>		c. CITY OR TOWN <u>Kansas City Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Newberry Nursing Home</u> <u>3215 Campbell</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3215 Campbell</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mr (Colo) Axel Carlson</u>				4. DATE OF DEATH Month Day Year <u>4-12-1960</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-26-1884</u>	
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.		<u>75</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>owner</u>			11. BIRTHPLACE (City and state or country) <u>unknown</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>				13a. FATHER'S NAME <u>C. A. Pearson</u>			
13b. MOTHER'S MAIDEN NAME <u>Sophia</u>				14. NAME OF HUSBAND OR WIFE <u>Celra Carlson</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>496-10-5970A</u>		17. INFORMANT <u>Joseph Carlson</u> Address <u>944 Bidwell Sunnyvale Calif</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY ARTERY THROMBOSIS</u> DUE TO (b) <u>ARTERIOSCLEROSIS, GENERALIZED</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>18 HRS</u> <u>10 YRS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CONVALESCING FROM PNEUMONIA</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>FEB 1959</u> to <u>APRIL 12, 1960</u> and last saw him alive on <u>APR 12, 1960</u> Death occurred at <u>4-12-60-10-15 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>James W. Fowler, M.D.</u>				22b. ADDRESS <u>1103 GRAND AVE. KANSAS CITY, MISSOURI</u>		22c. DATE SIGNED <u>4-13-60</u>	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE <u>4-14-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
24. FUNERAL DIRECTOR <u>France-Warnall Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>4-13-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

DOCUMENT

BY AFFIDAVIT OF James W. Fowler, MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by James C. Anderson, Student Embalmer No. 597
working under my personal supervision.

Student James C. Anderson
Signature of Student Embalmer

Signed Russell N. Francis

Licensed Embalmer No. 425

P. O. Address Ke...

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.