

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015546

FILED VS. APR 25 1960

149

Primary Registration District No. 1002

Registrar's No. 1921

STATE FILE NUMBER

INDEXED

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>                  | Length of stay in lb <b>30 yrs.</b> | c. CITY OR TOWN <b>Kansas City</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Baptist Mem. Hosp.</b> |                                     | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>4801 Roanoke Pkwy.</b>              |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>AARON</b> Middle <b>NYHAGEN</b> Last <b>NYHAGEN</b> |  |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>2</b> Year <b>1960</b> |  |  |
|---|--|--|--|--|--|

|                    |                               |   |                                       |                                  |  |  |
|--------------------|-------------------------------|---|---------------------------------------|----------------------------------|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Jan. 31, 1893</b> | 9. AGE (last birthday) <b>67</b> | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>7</b> | IF UNDER 24 HR<br>Hours <b>67</b> Min. |
|--------------------|-------------------------------|---|---------------------------------------|----------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Mirroa Aluminum</b> | 11. BIRTHPLACE (City and state or country) <b>Wisconsin</b> | 12. CITIZEN OF WHAT COUNTRY <b>USA</b> |
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|                                   |  |   |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <b>Unknown</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Gladys Nyhagen</b> |
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|   |  |   |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>W. W. I</b> | 16. SOCIAL SECURITY NO. <b>495-03-7974</b> | 17. INFORMANT Address <b>Gladys Nyhagen, Kansas City, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Rupture, abdominal aorta, aneurysm</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Arteriosclerosis, abdominal aorta</b> |   |
|  | DUE TO (c)  |   |

|   |  |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Emphysema, Pulmonary</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|   |                  |
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| 20c. TIME OF INJURY<br>Hour <b>4</b> a.m. <b>5</b> 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 **Nov 10, 1959** to **April 2, 1960** and last saw <sup>her</sup>him alive on **April 2, 1960**  
Death occurred at **4-2-60 14:45 A** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                     |                                |
|--|-------------------------------------|--------------------------------|
| 22a. SIGNATURE (Degree or title) <b>Charles H. Cooper M.D.</b> | 22b. ADDRESS <b>1224 Riatta Ave</b> | 22c. DATE SIGNED <b>4-4-60</b> |
|--|-------------------------------------|--------------------------------|

|  |                         |  |  |
|--|-------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b> | 23b. DATE <b>4-5-60</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>D. W. Newcomers Sons</b> | 23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |
|--|-------------------------|--|--|

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| 24. FUNERAL DIRECTOR'S ADDRESS <b>W. &amp; McClure F. H. Kansas City, Missouri.</b> | 25. DATE RECD. BY LOCAL REG. <b>4-4-60</b> | 26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Cooper

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas A. Kach

Licensed Embalmer No. 4995  
P. O. Address F. C.

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.