

JRT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023407

FILED VS JUL 5 1960

149

Registration District No. Primary Registration District No. 1002

Registrar's No. 3291

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 20 Yrs	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT In hospital, give location) HOSPITAL OR INSTITUTION 1217 Topping	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1217 Topping	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First JULIAN	Middle CURTIS	Last SOGN	4. DATE OF DEATH	Month June	Day 20	Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/10/1908	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst Catering Manager	10b. KIND OF BUSINESS OR INDUSTRY President Hotel	11. BIRTHPLACE (City and state or country) Webster So Dakota	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Olaf Sogn	13b. MOTHER'S MAIDEN NAME Minnie Evanston	14. NAME OF HUSBAND OR WIFE Mary Little Sogn
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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) Yes WW 2	16. SOCIAL SECURITY NO. 487-10-9597	17. INFORMANT Mrs Mary Sogn 1217 Topping K C Mo
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary sclerosis	5 yrs
	DUE TO (c) Arteriosclerotic Heart Disease	5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <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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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **June 27/52** to **June 20/60** and last saw him alive on **June 20/60**
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. P. Spafford M.D.	22b. ADDRESS 315 Nichols Rd K.C. Mo	22c. DATE SIGNED 6/21/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 24 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Shell Funeral Home Kansas City Mo	25. DATE RECD. BY LOCAL REG. 6-21-60	26. REGISTRAR'S SIGNATURE Reva Miniball
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. P. Spafford

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 James A. Smith

Licensed Embalmer No. 4954

P. O. Address J. C. Mo

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.