MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050884

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 7103 STATE FILE NUMBER

FILED JAN 17 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY, MISSOURI — Length of stay in 1b: 41 YRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA HOSPITAL, KC, MO. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY, MO. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7934 Ward Park Way Ext. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CARL Middle E. Last SANDERHOLM
4. DATE OF DEATH: Month DECEMBER Day 29 Year 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/13/92
9. AGE (last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STEAMFITTER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and state or country): OMAHA, NEBR.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CHARLES SANDERHOLM
13b. MOTHER'S MAIDEN NAME: CHARLOTTE ANDERSON
14. NAME OF HUSBAND OR WIFE: EMMA SANDERHOLM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 7/21/18 to 1/31/19
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS EMMA SANDERHOLM Address: Kc, Mo. VA HOSPITAL RECORDS

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): Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary Thrombosis
DUE TO (c): Generalized Artherosclerosis Advanced
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. VA attended the deceased from 11:25 12/28/63, to 10:40 12/29/63 and last saw her/him alive on 12/29/63
Death occurred at 10:40 AM 12/29/63 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Stephen Parks [signature]
22b. ADDRESS: VA HOSPITAL, KANSAS CITY, Mo
22c. DATE SIGNED: 12-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1/2/1964
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: BLACKMAN-WORNALL FUNERAL HOME K.C., MO.
25. DATE RECD. BY LOCAL REG.: 12-30-63
26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Bert B. Bennett
Signature of Student Embalmer

Licensed Embalmer No. 4656

P. O. Address K.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.