

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1513

State File No. _____

57

FILED FEB 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
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, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				3750				
3. NAME OF DECEASED a. (First) <u>MRS. CARMEN</u> (Type or Print)			b. (Middle) <u>LASCANO</u>		c. (Last)			
4. DATE OF DEATH <u>Jan 4 1953</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov 1862</u>		9. AGE (in years last birthday) <u>90</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Snora Mexico</u>				12. CITIZEN OF WHAT COUNTRY? <u>-</u>		13a. FATHER'S NAME <u>DIEGO L. Lascano</u>		
13b. MOTHER'S MAIDEN NAME <u>JULIANA ESTRADA</u>		14. NAME OF HUSBAND OR WIFE <u>THEOPHILLE LASCANO</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>NONE</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Sister Emelie</u>				ADDRESS <u>5331 HIGHLAND</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATE I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>20 yrs</u> <u>16 yrs</u> <u>331 X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>3/19</u> , 19 <u>50</u> , to <u>1/4/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/4</u> , 19 <u>53</u> , and that death occurred at <u>12:30P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Joseph A. Fogarty</u>				23b. ADDRESS <u>402 Northmanly K.C. Mo</u>		23c. DATE SIGNED <u>1/5/53</u>		
24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 6 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>		
DATE RECD BY LOCAL REG. <u>1-6-53</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Dwight + Robin</u>		ADDRESS <u>20 West Linwood</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Harrest D Coldenow

Licensed Embalmer No. 4714

P. O. Address R. O. 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 this body is not embalmed, fact should be so stated above.