

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5894

State File No. _____

No. 300
10.48

FILED MAR 13 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 976

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (If this place) <u>"One"</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Woodland Place Nur. Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 2108</u> d. STREET ADDRESS (If rural, give location) <u>512 Woodland Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Murtle</u> b. (Middle) <u>Fendly</u> c. (Last) <u>Fendly</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-53</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>3-20-1884</u>
9. AGE (In years, last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tensioner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown 9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</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>Investigation</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>	
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>1-1-51</u> , 19 <u>51</u> , to <u>2-13-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-13-53</u> , 19 <u>53</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Paul Laurenza</u> (Degree or title)		23b. ADDRESS <u>428 S. White Ave</u>	
23c. DATE SIGNED <u>2-13-53</u>		24. BU-FUNERAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
24a. DATE <u>2-17-53</u>	24b. NAME OF CEMETERY OR CREMATORY <u>St. Marys</u>	24c. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-16-53</u>	REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. C. Weibel</u>	
ADDRESS <u>L.C. 8 Mo.</u>		(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

Student Embalmer

Signed

D. E. Weelut

Licensed Embalmer No. _____

4025

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 this body is not embalmed, fact should be so stated above.