

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4939

482

FILED FEB 18 1954

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

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) <p align="center">70 yrs.</p>		c. CITY OR TOWN <p align="center">Kansas City</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">1141 Independence Avenue</p>				e. STREET ADDRESS (If rural, give location) <p align="center">6422 Montgall</p>					
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Emma</p>		b. (Middle) <p align="center">F.</p>		c. (Last) <p align="center">LIPP</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Jan. 28, 1954</p>			
5. SEX <p align="center">Female</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed 2</p>	8. DATE OF BIRTH <p align="center">8-15-82</p>		9. AGE (In years last birthday) <p align="center">71</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">At home</p>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Erie, Pa.</p>			12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>	
13a. FATHER'S NAME <p align="center">Joseph Forness</p>			13b. MOTHER'S MAIDEN NAME <p align="center">Caroline Fite</p>			14. NAME OF HUSBAND OR WIFE <p align="center">John J. Lipp</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>		16. SOCIAL SECURITY NO. <p align="center">none</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p align="center">Mrs. Lloyd Phillips, 6422 Montgall, KC, Mo.</p>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Cerebral Hemorrhage</p>				DUPLICATE (b) <p align="center">Arteriosclerosis</p>				<p align="center">2 days</p>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUPLICATE (c)				<p align="center">4 yrs</p>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<p align="center">331X</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>10-20-53</u> , to <u>1-28-54</u> , that I last saw the deceased alive on <u>1-28-54</u> , and that death occurred at <u>5</u> Am., from the causes and on the date stated above.									
23a. SIGNATURE (Name, Degree or title) <p align="center">Frank Paul Laurenzana M.D.</p>					23b. ADDRESS <p align="center">428 South White Ave</p>			23c. DATE SIGNED <p align="center">1-28-54</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">1-30-54</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">St. Mary's</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Missouri</p>			
DATE REC'D BY LOCAL REG. <p align="center">1-30-54</p>		REGISTRAR'S SIGNATURE <p align="center">Geraldine Smith</p>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Mellody-McGilley-Eylar, Kansas City, Mo.</p>				

(Licensed Embalmer's Statement on Reverse Side)

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

By - Lawrence
will call you when
and where he will
sign - He will have to
take it to him when
he calls.

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.....
Signature of Student Embalmer

Signed Glen E. Heek

Licensed Embalmer No. 40

P. O. Address Kaslova

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.