

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15990**
2090

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

1. PLACE OF DEATH
a. COUNTY **JACKSON COUNTY**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY, MO.**

c. LENGTH OF STAY (In this place) **62 yrs.**

c. CITY OR TOWN **KANSAS CITY**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **ST. MARYS HOSPITAL**

e. STREET ADDRESS (If rural, give location) **5840 OAK STREET** **3838**

3. NAME OF DECEASED (Type or Print)
a. (First) **ROSE**

b. (Middle) **ANNA**

c. (Last) **LAWLUS**

4. DATE OF DEATH (Month) (Day) (Year)
MAY 8 1954

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Widowed 2**

8. DATE OF BIRTH **April 18, 1892**

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)
62 yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bookkeeper**

10b. KIND OF BUSINESS OR INDUSTRY **Interior Decorators**

11. BIRTHPLACE (City and State or Foreign Country) **KANSAS CITY, MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **THOMAS HENRY ORRICK**

13b. MOTHER'S MAIDEN NAME **TERESA KORNFELD**

14. NAME OF HUSBAND OR WIFE **EARL LAWLUS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **496-07-2836**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MRS. L. T. ROUEN 5840 Oak

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**

INTERVAL BETWEEN ONSET AND DEATH **3 days**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Cardio-Vascular-renal disease & aneurysm**

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **10 days**

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1957, to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE **Orval J. Needel** (Degree or title) **M.D.**

23b. ADDRESS **7400 Wornell Rd. K.C. Mo**

23c. DATE SIGNED **May 8 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **May 11, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Calvary**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **5-10-54**

REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Quirk & Tobin Company-20 W. Linwood

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.....
Signature of Student Embalmer

Signed *Glen E. Heck*.....

Licensed Embalmer No. *406*
P. O. Address *K. C. N.*

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.