

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22946
State File No. 2970

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2970

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

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1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>3 mo.</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lawellen Nursing Home, 623 Euclid Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>2424 Prospect 3453</u>	

3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>J.</u> c. (Last) <u>Clem</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-54</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-2-1874</u>	9. AGE (in years last birthday) <u>80 yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Worked for Rail Roads</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Gasper Clem</u>	13b. MOTHER'S MAIDEN NAME <u>E. Abela</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna Clem</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. A. P. Caudle</u> ADDRESS <u>1259 Mt. K. C. K.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331 K</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3-11-54 to 6-29-54, that I last saw the deceased alive on 6-29-54, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Paul Laurenzana</u> (agree or title) _____	23b. ADDRESS <u>428 South Platte</u>	23c. DATE SIGNED <u>6-29-54</u>
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24a. BURIAL CREMATION (REMOVAL) _____	24b. DATE <u>7-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park K. C.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas</u>
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DATE REC'D BY LOCAL REG. <u>6-30-54</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert South Fun'l Home</u> ADDRESS <u>K.C.K.</u>
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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 *Chas. T. Ligon*.....

Licensed Embalmer No... 3116

P. O. Address *Lawrence, Ga.*

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.