No. 300
10.48

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30767

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4110

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Linwood Blvd. Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3006 N. 51st

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): CHARLES
c. (Last): PAUL

4. DATE OF DEATH (Month) (Day) (Year): Aug. 25, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 10, 1874
9. AGE (In years last birthday): 79 yrs. (If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired switchman
10b. KIND OF BUSINESS OR INDUSTRY: Rock Island R.R.
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John Paul
13b. MOTHER'S MAIDEN NAME: Frances (unknown)
14. NAME OF HUSBAND OR WIFE: Mrs. Jennie Paul
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 708-14-3638
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: William C. Paul Jr. K.C.Ks.

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 3 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 45 00

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 ☐ 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) m.
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* 8-10-54 *19*, *to* 8-25-54, *19*, *that I last saw the deceased alive on* 8-25-54 *19*, *and that death occurred at* 5:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Paul Laurenzana MD
23b. ADDRESS: 428 South Wheeler Ave
23c. DATE SIGNED: 8-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8/28/54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Ks.

DATE REC'D BY LOCAL REG.: 8-27-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Geo. F. Porter & Sons K.C.Ks/

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Laurenzana MD

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 Howard L. Porter

Licensed Embalmer No. 3795

P. O. Address 19th & Minnesota K.C.K

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.