

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11914

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1587

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) (township) <u>25 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORA-RAE RESTORUM BARFIELD 309</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <u>914 1/2 EAST 12th STREET 3148</u>			

3. NAME OF DECEASED a. (First) <u>Mrs ELTON</u> (Type or Print)		b. (Middle)		c. (Last) <u>FRANK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April - 6 - 1955</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>9-16-69</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Days		IF UNDER 15 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>CAMERON MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jacob Ulrich</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy MAULER</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. FRANK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-16-2571A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs HATTIE ROGERS</u> ADDRESS <u>914 1/2 E. 12th Street KANSAS CITY, MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>45</u>	

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)		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 1-1-55, 1955, to 4-6-55, 1955, that I last saw the deceased alive on 4-6-55, 1955, and that death occurred at 8:15 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Paul Lorenzano MD</u> (Degree or title)		23b. ADDRESS <u>428 South White Ave</u>		23c. DATE SIGNED <u>4-6-55</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CAMERON MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEW COMER'S SONS</u>		ADDRESS <u>R.C. Ma 1331 BRUSH CREEK BLVD</u>	
DATE REC'D BY LOCAL REG. <u>4-9-55</u>		REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		1331	

WRITE PLAINLY—USING UNFAADING 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 *Adrian Jay Still*

Licensed Embalmer No. *489*

P. O. Address *B.G., m.*

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.