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FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36989**
4852

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

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

1. PLACE OF DEATH a. COUNTY Jackson		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		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs.		STREET ADDRESS (If rural, give location) 3110 Holmes	
d. FULL NAME OF HOSPITAL OR INSTITUTION Long's N.H., 1441 Indep. Ave.		49	
3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) F. c. (Last) REITER		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 25, 1884
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Cleaning Shop	11. BIRTHPLACE (City and State or Foreign Country) Croton, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edward Duff Reiter	
13b. MOTHER'S MAIDEN NAME Eliza Grant		14. NAME OF HUSBAND OR WIFE Lewis D. Reiter Outlook	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-34-6872	
17. INFORMANT'S SIGNATURE OR NAME Lewis D. Reiter		ADDRESS 5317 Outlook, Mission, 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 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 10-28-55 , to 11-8-55 , that I last saw the deceased alive on 11-8-55 , and that death occurred at 6:45 Am. , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Frank Paul Laurenzana		23b. ADDRESS 428 South White Ave	
23c. DATE SIGNED 11-8-55			
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-10-55	
24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure		ADDRESS K.D.MO.	
DATE REC'D BY LOCAL REG. 11-10-55		REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Paul Roungann
429 So. White
Be. 3319

Epp 6:45

Will call later today (Wednesday)
when he is in the neighborhood.

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 *L. S. Malton*

Licensed Embalmer No. *276*

P. O. Address *H. C. 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.