

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40862
State File No. 594

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 30 days		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mallott Nursing Home 3433 Paseo.		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 3702 Brooklyn Apt. # 2			

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Anna	b. (Middle) M.	c. (Last) Sanford	4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 6, 1886	9. AGE (In years last birthday) Months Days Hours Min. 69 years
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Whitehall, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hancock	13b. MOTHER'S MAIDEN NAME Marie	14. NAME OF HUSBAND OR WIFE Charles E. Sanford
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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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Fred Voth 3702 Brooklyn
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis	DUE TO (b) Arteriosclerosis	3 1/2 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		5 yrs
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"/>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-29-55**, 19**55**, to **12-20-55**, that I last saw the deceased alive on **12-20-55**, and that death occurred at **5:30 pm**, the causes and on the date stated above.

23. SIGNATURE (Degree or title) Frank Paul Laurezana	23b. ADDRESS 428 S White Ave	23c. DATE SIGNED 12-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) K.C. Mo.
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DATE REC'D BY LOCAL REG. 12-23-55	REGISTRAR'S SIGNATURE Neve Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas E. Quirk 4316 Troost Ave.
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(Licensed Embalmer's Statement on Reverse Side)

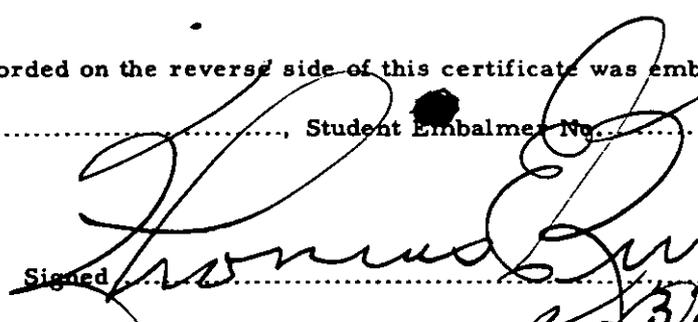
K.C. Mo.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
Frank Paul Laurezana

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 

Licensed Embalmer No.

P. O. Address

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: