

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 4 1956

State File No. 17251

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 231

|                                                                                        |                                                   |                                                                                                                                                |                                                                                                                                      |
|----------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH:<br>a. COUNTY <u>Pettis 0804</u>                                     |                                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis 0804</u> |                                                                                                                                      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Sedalia</u> | c. LENGTH OF STAY (In this place)<br><u>8 yrs</u> | c. CITY OR TOWN<br><u>Sedalia</u>                                                                                                              | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Bothwell Hospital</u>                    |                                                   | STREET ADDRESS (If rural, give location)<br><u>211 West Main</u>                                                                               |                                                                                                                                      |

|                                                                                                          |                                                             |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>WACLAU</u> (Middle) <u>FRANK</u> (Last) <u>KANT</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 27 1956</u> |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

|                       |                                  |                                                                                |                                         |                                           |                                            |                                            |
|-----------------------|----------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|--------------------------------------------|--------------------------------------------|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>never married</u> | 8. DATE OF BIRTH<br><u>Sept 15 1885</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 14 HRS.<br>Hours _____ Min. _____ |
|-----------------------|----------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|--------------------------------------------|--------------------------------------------|

|                                                                                                             |                                                   |                                                                          |                                            |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Actor</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Actor</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Chicago Ill</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|

|                                         |                                                |                                             |
|-----------------------------------------|------------------------------------------------|---------------------------------------------|
| 13a. FATHER'S NAME<br><u>Frank Kant</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Nappe</u> | 14. NAME OF HUSBAND OR WIFE<br><u>_____</u> |
|-----------------------------------------|------------------------------------------------|---------------------------------------------|

|                                                                                                                       |                                               |                                                            |                            |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>352-03-5455</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Stella Follmer</u> | ADDRESS<br><u>Gary Ind</u> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|----------------------------|

|                                                                                                                                                                                                                               |                                                                                                            |  |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Bronchogenic Carcinoma of L. Lung</u>            |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>10 mos</u> |
|                                                                                                                                                                                                                               | ANTECEDENT CAUSES<br>DUE TO (b) <u>Don't know</u>                                                          |  |                                                   |
|                                                                                                                                                                                                                               | DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Secondary Anemia</u><br><u>Hypertrophied Prostate</u> |  | <u>10 mos.</u><br>(Don't know)                    |

|                                       |                                                 |                                                                                     |
|---------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION<br><u>None</u> | 19b. MAJOR FINDINGS OF OPERATION<br><u>162x</u> | 20. AUTOPSY?<br>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) (Min.) | 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 6-28 1955, to 5-27- 1956, that I last saw the deceased alive on 5-26 1956, and that death occurred at 8:45A m., from the causes and on the date stated above.

|                                                               |                                          |                                    |
|---------------------------------------------------------------|------------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Frank B. Fong M.D.</u> | 23b. ADDRESS<br><u>Sedalia, Missouri</u> | 23c. DATE SIGNED<br><u>5-28-56</u> |
|---------------------------------------------------------------|------------------------------------------|------------------------------------|

|                                                             |                             |                                                              |                                                                          |
|-------------------------------------------------------------|-----------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>5-27-56</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Holy Cross cem.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Calumet City Ill</u> |
|-------------------------------------------------------------|-----------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------|

|                                              |                                                     |                                                             |                           |
|----------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|---------------------------|
| DATE REC'D BY LOCAL REG.<br><u>5-28-1956</u> | REGISTRAR'S SIGNATURE<br><u>Anna Apontz, Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Mc Laughlin Bros</u> | ADDRESS<br><u>Sedalia</u> |
|----------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

9561 01 1021

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 *James R. Askren*.....

Licensed Embalmer No. *493*

P. O. Address *Sedalia, Mo.*

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.