

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34033

STATE FILE NUMBER

4459

Registration District No. 149 Primary Registration District 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 Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant Valley Nurs. Hm. | | Length of stay in 2 yrs. | d. STREET ADDRESS 3915 Scarritt | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Georgia Middle Anna Last Horn | | | 4. DATE OF DEATH Month October Day 14 Year 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 9, 1868 | 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | 11. BIRTHPLACE (City and state or country) Atica, Indiana | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13. FATHER'S NAME John Hass | | | 14. MOTHER'S MAIDEN NAME Urilla Shaefer | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Mr. Harry E. Haas Address 3915 Scarritt K. C. Mo. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 3 yrs |
| DUE TO (b) arteriosclerosis | | | | | 4500 |
| DUE TO (c) | | | | | |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | |
| 21. I attended the deceased from 7-1-56 to 10-14-56 and last saw her alive on 10-14-56 Death occurred at 8:35 A. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Frank Paul Laurezana M.D. | | 22b. ADDRESS 478 South White Ave | | 22c. DATE SIGNED 10-14-56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removed | | 23b. DATE 10-14-56 | | 23c. NAME OF CEMETERY OR CREMATORY atica, indiana | |
| 24. FUNERAL DIRECTOR Geo. C. Carson & Sons | | ADDRESS Indep. Mo. | | 25. DATE RECD. BY LOCAL REG. 10-14-56 | |
| | | | | 26. REGISTRAR'S SIGNATURE neva minshall | |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Frank Paul Laurezana

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 John A. Dodman....., Student Embalmer No. 55

working under my personal supervision..

Student John A. Dodman
Signature of Student Embalmer

Signed Floyd C. Cass

Licensed Embalmer No. 44

P. O. Address Indip

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.