

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41798**

FILED JAN 14 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5619**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Jackson</b>		
b. CITY OR TOWN <b>Kansas City</b> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) <b>30 days</b>	d. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Goss Nursing Home</b> (If not in hospital or institution, give street address or location)			e. STREET ADDRESS (If rural, give location) <b>2800 E 10th St</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Woyenberg</b> c. (Last) <b>Woyenberg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-20-56</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 4, 1874</b>		9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unk</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>FREEDOM-WISCONSIN</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>unk</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>unk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>unk</b>	17. INFORMANT'S SIGNATURE OR NAME <b>OLD AGE PENSION</b>		ADDRESS <b>KE 40</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>			DUPLICATE (b) <b>Arteriosclerosis</b>		<b>3 yrs</b>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUPLICATE (c) _____		_____
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			_____		<b>4500'</b>
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 <b>7-1-56</b> , 19 <b>56</b> , to <b>12-20-56</b> , that I last saw the deceased alive on <b>12-20-56</b> , 19 <b>56</b> , and that death occurred at <b>6:30 AM</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Frank Paul Lauritzen MD</b>			23b. ADDRESS <b>428 S. White Ave</b>		23c. DATE SIGNED <b>12-20-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-27-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. MARY'S CEM</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO</b>		_____
DATE REC'D BY LOCAL REG. <b>12-26-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carantino Bros</b> ADDRESS <b>KE 700</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dec. 20 1966 6:30 AM

Dr Frank Laurazzano

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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 *Leonard C. Pasantino*

Licensed Embalmer No. 4550

P. O. Address *KCMO*

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.