

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4916

STATE FILE NUMBER

831

FILED MAR 13 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 831

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes # No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nora-Rae Restorium</u> Length of stay in <u>3 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>309 Garfield</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Oscar</u> Last <u>Penny</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>20</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 3/1872</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Ray Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13. FATHER'S NAME <u>Daniel Penny</u>	14. MOTHER'S MAIDEN NAME <u>Lucy Carrilton</u>
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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) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mr. Victon Penny/331 N 20 th /K.C.K.</u> Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>3 yrs</u> <u>4 1/2</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis</u>	
	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.) <u>0</u>
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>8-1-56</u> to <u>2-20-57</u> and last saw <u>her</u> alive on <u>2-20-57</u> Death occurred at <u>12:15 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Frank Paul Laurenzana M. D.</u> (Degree or title)	22b. ADDRESS <u>428 S. White Ave.</u>	22c. DATE SIGNED <u>2-20-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2/22/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>New Hope, Missouri</u>
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24. FUNERAL DIRECTOR <u>Ralph Fulton, Kansas City, Kan.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-21-57</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are necessary to the diagnosis of the disease should be included in Part I unless they are directly related to the cause of death. Caroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Frank Paul Laurenzana M. D.

MEDICAL CERTIFICATION

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 *Ralph Fulton*
Ralph Fulton

Licensed Embalmer No. 3035

P. O. Address *Kansas Cit*

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.