THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8630 1279

FILED APR 2 - 1957

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5915 KENSINGTON — Length of stay in 19 70 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5915 KENSINGTON (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LAWRENCE Middle W Last DAY

4. DATE OF DEATH Month March Day 16 Year 1957

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH MAY 31, 1883

9. AGE (In years last birthday) 73 — 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) CARPENTER (Retired)

10b. KIND OF BUSINESS OR INDUSTRY - - - -

11. BIRTHPLACE (City and state or country) INDEPENDENCE, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ALECK DAY

14. MOTHER'S MAIDEN NAME MARY KRAUGH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. 495-05-2691

17. INFORMANT Elizabeth DAY Address 5915 KENSINGTON K.C. MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

4201

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Sept. 1956, to March 16-57 and last saw her/him alive on 3/14/57. Death occurred at 8:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. F. Gramms (Degree or title) D.O. 2

22b. ADDRESS 1108 E 47th

22c. DATE SIGNED 3/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE MAR-19-1957

23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) Mo.

24. FUNERAL DIRECTOR D.W. NEWCOMER & SONS ADDRESS 1331 BRUSH CREEK BLVD K.C. MO.

25. DATE RECD. BY LOCAL REG. 3-19-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually 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 er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Everett L. Sml

Licensed Embalmer No. 5

P. O. Address K. C. 7

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.