

Director, coroner, etc. must use only standard forms. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Frank Paul Laurezana

FILED APR 2 - 1957

STATE FILE NUMBER 1231

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) 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 1441 INDEP. AVE.			Length of stay in 1 1/2		d. STREET (If outside, give location) ADDRESS 3342 INDIANA AVE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
4. INSTITUTION LONG NURSING HOME				75 YEARS					
3. NAME OF DECEASED (Type or print) First EDNA Middle MAY Last GLISAR				4. DATE OF DEATH Month MARCH Day 14 Year 1957					
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 APRIL 6, 1871		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) LACYGNE KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME CRAIG SHUCK				14. MOTHER'S MAIDEN NAME JOSEPHINE GILHAM					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If via, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. WILLIE M. ROOK 12410 WEST 55TH ST. SHAWNEE KANSAS				
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)								INTERVAL BETWEEN ONSET AND DEATH 2 yrs 3 yrs 4500	
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 a. m. p. m.									
20d. INJURY OCCURRED WHILE AT <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 1-1-57 to 3-14-57 and last saw her alive on 3-14-57 Death occurred at 1:20 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Frank Paul Laurezana M.D. (Degree or title)				22b. ADDRESS 4285 White Ave			22c. DATE SIGNED 3-14-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)			
BURIAL		MAR. 16. 1957	FOREST HILL CEMETERY			KANSAS CITY MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1331 BRUSH CREEK K.C., MO.		25. DATE RECD. BY LOCAL REG. 3-16-57		26. REGISTRAR'S SIGNATURE Neva Marshall		

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 *Everett L. Smith*

Licensed Embalmer No. *50*

P. O. Address *K.C.M.*

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.