

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1957

STATE FILE NUMBER 17309

2173

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

|   |                                  |  |  |   |  |
|---|----------------------------------|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO</b> b. COUNTY <b>Jackson</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>  |                                  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kansas City 3028</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nova Rec Nursing Home 2035</b>   |                                  |  | Length of stay in 1b   | d. STREET ADDRESS (If outside, give location) <b>514 1/2 Main</b> |  |
| 3. NAME OF DECEASED (Type or print) <b>Frederick M Redburn</b>  |                                  |  | 4. DATE OF DEATH <b>5-5-1957</b>   |   | Month <b>5</b> Day <b>5</b> Year <b>1957</b>   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>white</b>    | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>11-10-1876</b>   | 9. AGE (In years last birthday) <b>80</b>                         | IF UNDER 1 YEAR Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>   | 11. BIRTHPLACE (City and state or country) <b>McCallinsborough Ill. U.S.A</b>  |   | 12. CITIZEN OF WHAT COUNTRY?   |
| 13. FATHER'S NAME <b>George Redburn</b>   |                                  |  | 14. MOTHER'S MAIDEN NAME <b>Sarah Munsell</b>  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>  |                                  | 16. SOCIAL SECURITY NO. <b>499-07-8077</b>   | 17. INFORMANT <b>Jackson County Welfare KC MO</b>  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b>  |                                  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |  |  |   | DUE TO (b) <b>arteriosclerosis</b> <b>3 yrs</b>  |
|   |                                  |  |  |   | DUE TO (c) <b>4500</b>   |
| 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 checked="" 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, Year 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 <b>1-1-57</b> to <b>5-5-57</b> and last saw her alive on <b>5-5-57</b> . Death occurred at <b>4:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |  |   |  |
| 22a. SIGNATURE <b>Frank Paul Laurenzana MD</b>  |                                  |  | 22b. ADDRESS <b>428 S. White Ave</b>   |   | 22c. DATE SIGNED <b>5-5-57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                                  | 23b. DATE <b>5-10-1957</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>                            |
| 24. FUNERAL DIRECTOR <b>Passantino Bros KC MO</b>   |                                  | ADDRESS  |  | 25. DATE RECD. BY LOCAL REG. <b>5-8-57</b>                        | 26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>   |

Health, Welfare, Public Service  
300 1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Frank Paul Laurenzana

Dr. Frank Lauricenza  
5-5-1957-11<sup>30</sup> AM  
Nova-Rac Nursing Home  
309 S. 4th St.



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 Lassantoro*

Licensed Embalmer No. *453*

P. O. Address *KC Mo*

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