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FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24578
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3424

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home 1441 2nd Ave — Length of stay in lb 57 Yrs 3 4

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 [X] No [ ]
d. STREET ADDRESS (If outside, give location) 7834 Jefferson — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Nora Middle Last Hale

4. DATE OF DEATH Month July Day 20, Year 1957

5. SEX Fe
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept 19, 1881
9. AGE (In years last birthday) 75 — 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) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Holden Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leslie L. Hale
13b. MOTHER'S MAIDEN NAME Mary Malone
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mary Hale (SIS) Address 7834 Jefferson

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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 3 yrs
DUE TO (c) — 45 00
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 [ ]

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 March 1956 to July 20, 1957 and last saw her/him alive on 7.20.57
Death occurred at July 20 1:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Paul Laurenzana MD
22b. ADDRESS 428 S. White Ave
22c. DATE SIGNED 7-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 22, 1957
23c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
23d. LOCATION (City, town, or county) (State) Freeman Missouri

24. FUNERAL DIRECTOR Muehlebach F.H. ADDRESS 6800 Troost K.C. Missouri
25. DATE RECD. BY LOCAL REG. 7-21-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Frank Paul Laurenzana

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 J. T. Cromell

Licensed Embalmer No. 4904

P. O. Address K. C. Mo

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.