THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24736

STATE FILE NUMBER 3228

FILED AUG 1 - 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 Mo — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kansas City Convalescent Home — Length of stay in 1b 6 yrs
4 — 3099 STREET ADDRESS (If outside, give location) 3200 Norledge — Reside on Farm Yes ☐ No X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Mo — Inside Limits Yes X No ☐

3. NAME OF DECEASED (Type or print) First Mr Albert Middle Last Muhn

4. DATE OF DEATH Month Day Year 7-9-1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1874
9. AGE (In years last birthday) 82 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Vendor
11. BIRTHPLACE (City and state or country) Augusta Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME none
14. MOTHER'S MAIDEN NAME none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 487-07-4755
17. INFORMANT K.C. Convalescent Home Address 3200 Norledge

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 X 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 5-1-57, to 7-9-57 and last saw her/him alive on 7-9-57
Death occurred at 1:50 p. 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 7-9-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-13-57
23c. NAME OF CEMETERY OR CREMATORY Mt Calvary
23d. LOCATION (City, town, or county) (State) Kansas City Kansas

24. FUNERAL DIRECTOR ADDRESS France-Wornall Funeral Home
25. DATE REC'D. BY LOCAL REG. 7-11-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Frank Paul Laurenzana

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Health, Welfare Public Service

300 1-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Russell N. Fra

Licensed Embalmer No. 4

P. O. Address ..... K.C.

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.