

Health, Welfare, Public Service
 300
 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Frank Paul Laurenzana
 MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31906
 STATE FILE NUMBER

FILED OCT 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4226

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <u>Euclid Nursing Home</u>			Length of stay in lb <u>10 yrs.</u>		d. STREET ADDRESS <u>623 Euclid</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle _____ Last <u>HAYS</u>				4. DATE OF DEATH Month <u>9</u> Day <u>8</u> Year <u>1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>4-2-1889</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (City and state or country) <u>Louisville, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>unknown</u>				14. MOTHER'S MAIDEN NAME <u>unknown</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>yes</u> <u>Oct 21-1</u>			16. SOCIAL SECURITY NO. <u>498-14-0079</u>		17. INFORMANT <u>James Hays Chelle, Mo.</u>			Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>3 yrs</u> <u>4500</u>		
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 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 <u>1-6-57</u> to <u>9-8-57</u> and last saw her alive on <u>9-8-57</u> Death occurred at <u>9-8-57</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
21a. SIGNATURE (Degree or title) <u>Frank Paul Laurenzana MA</u>				21b. ADDRESS <u>428 S. White Ave</u>		21c. DATE SIGNED <u>9-8-57</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-11-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>			23d. LOCATION (City, town or county) <u>Brookfield, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>Hill Funeral Home</u>			ADDRESS <u>Brookfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-10-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshel</u>		

(Licensed Embalmer's Statement on Reverse Side)

As per record
Sept 8, 1959 0:45 PM

OCT 10 1951



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 Pasantino*

Licensed Embalmer No. *45*

P. O. Address *KC 71*

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.