

STANDARD CERTIFICATE OF DEATH

35882
STATE FILE NUMBER
4604

FILED OCT 24 1957

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

S. 300
1-57

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.

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

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) OR TOWN Kansas City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nora-Rae Restorium 309 Garfield		Length of stay in lb 40 years	d. STREET ADDRESS 1222 Harrison		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Carl Middle Last Hitt			4. DATE OF DEATH Month October Day 3 Year 1957		
5. SEX Male	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 July 8-1881	9. AGE (In years at birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, engineer K.C. Power & Light Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Shoals Indiana		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Henry Hitt		13b. MOTHER'S MAIDEN NAME Mattie Bomer		14. NAME OF HUSBAND OR WIFE Nellie Hitt (Deceased)	
15. WAS DECEASED UNDER 18 YEARS OF AGE? (Yes, no or unknown) (If yes, give year of service) 19th of May 1910 yes, Sgt. Co. 1, 29 Reg (Discharged)		16. SOCIAL SECURITY NO. 487-01-0453		17. INFORMANT Address Mo. Dr. Harold F. Branch 314 Lawn, Kansas City	
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)					4500
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 <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>6-1-57</u> to <u>10-3-57</u> and last saw her/him alive on <u>10-3-57</u> . Death occurred at <u>11:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Frank Paul Laurenzana M.D.</i>		22b. ADDRESS <i>428 S. White Ave</i>		22c. DATE SIGNED <i>10-3-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE October 5-1957		23c. NAME OF CEMETERY OR CREMATORY Forest Hill	
				23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR Mrs. C.L. Forster, Home Inc. K.C. Missouri			25. DATE RECD. BY LOCAL REG. 10-4-57		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>



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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 [Signature] Licensed Embalmer No. [Number] P. O. Address [Address]

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.