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FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005495
STATE FILE NUMBER 690

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 — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Home Nora Ray Rest 309 Garfield — Length of stay in Hospital: 40 yrs

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3620 Woodland Kansas City, Mo. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LAURA Middle: ROWLAND Last: FISHER

4. DATE OF DEATH Month: Feb Day: 9 Year: 1958

5. SEX: Female **6. COLOR OR RACE:** White **7. MARITAL STATUS:** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: May 1, 1868 **9. AGE** (In years last birthday): 89 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Winthrop, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Wilber C. Hoag
13b. MOTHER'S MAIDEN NAME: Alvira J. Cantenwine
14. NAME OF HUSBAND OR WIFE: John Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Gene R. Rowland, Address: 5500 Blue Ridge Blvd. Raytown, Mo.

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: 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis — 4 years
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 ☐ 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 2-1-57, to 2.9.58 and last saw her/him alive on 2.9.58
Death occurred at 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 M.D.
22b. ADDRESS 4285 Wildcrest
22c. DATE SIGNED 2.9.58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-11-58
23c. NAME OF CEMETERY OR CREMATORY: Westunion Cemeter
23d. LOCATION (City, town, or county) (State): South of Belton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home Woodland-Linwood
25. DATE RECD. BY LOCAL REG.: 2-10-58
26. REGISTRAR'S SIGNATURE: Neva Meinshell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in reporting causes of death. All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank Paul Laurenzana

Dr [illegible]

[illegible]

11 – 2 PM

Emergency Ro[illegible]

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 H Pryor

Licensed Embalmer No. 2999

P. O. Address KC 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.