

Health,
Welfare
Public
Service

FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005820
STATE FILE NUMBER
1050

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1050

300
-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Funeral Home 35 yr</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1900 Linwood
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) Phelia <i>Opheia</i> August Ross			4. DATE OF DEATH 2-24-58		
5. SEX Female	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 Aug. 10, 1886		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Waitress		10b. KIND OF BUSINESS OR INDUSTRY Art's Supply	11. BIRTHPLACE (City and state or country) Marshall Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Conley		13b. MOTHER'S MAIDEN NAME Mary Fleming		14. NAME OF HUSBAND OR WIFE Jack Ralph Ross	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 437-10-6505		17. INFORMANT <i>Sarah Stator Brashear</i> 3114 Campbell	

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 Eyes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis		4 year
	DUE TO (c)		45 yr
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 12:1-57 P. to 2:24-58 and last saw her alive on 2-24-58 Death occurred at 7 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>Paul Lauranzani MD</i> (Degree or title) ⁰		22b. ADDRESS 428 S White Ave		22c. DATE SIGNED 2-24-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE 2-27-58		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
				23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

24. FUNERAL DIRECTOR <i>Melody McKelley</i> ADDRESS <i>Engel Funeral Home</i>		25. DATE REC'D BY LOCAL REG. 2-26-58		26. REGISTRAR'S SIGNATURE <i>Paul Lauranzani</i>	
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(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

MEDICAL CERTIFICATION

Frank Paul
Lauranzani

Woodland - Linwood



*Ed Law... and
...
11-3 Emergen*

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 *Melvin Barteau*

Licensed Embalmer No. *4903*.....
P. O. Address *K.C.M.*.....

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.