

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018115

STATE FILE NUMBER

FILED JUN 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2575

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Heartstone Nursing Home 10476		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 709 Garfield
3. NAME OF DECEASED (Type or print) First Robert Middle Day Last Day		4. DATE OF DEATH Month 5 Day 18 Year 58	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-12-1879
9a. AGE (In years last birthday) 83		9b. IF UNDER 1 YEAR Months 0 Days 0	9c. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Bucklin MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Day	
13b. MOTHER'S MAIDEN NAME Susan Carter		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-18-5636	17. INFORMANT Address Jackson County Welfare 12 C MO
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Arteriosclerosis DUE TO (c) —			INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years 4 yrs
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? 0 YES <input type="checkbox"/> NO <input 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 1-1-58 to 5-18-58 and last saw her alive on 5-18-58 Death occurred at — m on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Frank Paul Laurengard (Degree or title)		21b. ADDRESS 428 S white ave	21c. DATE SIGNED 5-18-58
23a. BURIAL OR CREMATION, REMOVAL (Specify)	23b. DATE 5-22-58	23c. NAME OF CEMETERY OR CREMATORY MT. CALVARY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.
24. FUNERAL DIRECTOR ADDRESS Passantino Bros KC MO		25. DATE RECD. BY LOCAL REG. 5-21-58	26. REGISTRAR'S SIGNATURE neva minshall

All diseases in Part I must be causally related.

Frank Paul Laurengard
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr Frank Lauranzano
5-18-1958 7:12 AM
708 Garfield

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 *Ronald Pasantino*

Licensed Embalmer No. *4554*

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.