

Health,
& Welfare
Public
Service

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018244
STATE FILE NUMBER 2402
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

300 4
1-57

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORA RAY NURS. HOME		Length of stay in lb 10 YRS	d. STREET ADDRESS (If outside, give location) 309 GARFIELD
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHYDE HARVEY			4. DATE OF DEATH Month Day Year 5-9-1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 24 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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) CALIF.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SAM HARVEY	13b. MOTHER'S MAIDEN NAME SARAH HARVEY	14. NAME OF HUSBAND OR WIFE
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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. 495-10-8135	17. INFORMANT JACKSON COUNTY WELFARE	Address KEANS
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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 mo 4 mo 45 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c)	
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.)
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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
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21. I attended the deceased from 1-11-58 to 5-9-58 and last saw her alive on 5-9-58 Death occurred at 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) Frank Paul Laurenczara MD	22b. ADDRESS 428 S. Webster	22c. DATE SIGNED 5-9-58
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23a. BURIAL, CREMATION, REBURYAL (Specify) REMOVAL	23b. DATE 5-13-1958	23c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANS.
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24. FUNERAL DIRECTOR PASSANTINO BROS KC MO	25. DATE RECD. BY LOCAL REG. 5-12-58	26. REGISTRAR'S SIGNATURE Nora Minshall
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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 Laurenczara MD

309-30th St

5-9-1958 - 8:30 PM

Dr. Lauragani

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 Parmentino*

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.