

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032606
STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4021

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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 Trinity Lutheran		Length of stay in lb 40 yrs	d. STREET ADDRESS 2743 McGee Trlwy
3. NAME OF DECEASED (Type or print) First Middle Last LORENZO ALONZO D. CORT		4. DATE OF DEATH Month Day Year 8 21 58	
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Operator		10b. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (City and state or country) Philadelphia, Mo.
13a. FATHER'S NAME David M. Cort		13b. MOTHER'S MAIDEN NAME Cora M. Payne	14. NAME OF HUSBAND OR WIFE Lola B. Cort
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY NO. 487-05-6236	17. INFORMANT Address Robert Cort, 4436 Cottage, Indep. 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) Coronary occlusion DUE TO (b) Bronche pneumonia DUE TO (c) Generalized arterio-sclerosis			INTERVAL BETWEEN ONSET AND DEATH 23 hours 3 days 4 1/2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" 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 WORK <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 Kansas City, Jackson Co. Missouri	
21. I attended the deceased from 8/20/58 to 8/21/58 and last saw her alive on 8/20/58 Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Fred C. Young M.D.		22b. ADDRESS 1401 5th Blvd. K.C. Kansas	22c. DATE SIGNED 8/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-23-58	23c. NAME OF CEMETERY OR CREMATORY Forest Hill	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Magner Funeral Home, N. G. 700		25. DATE RECD. BY LOCAL REG. 8-21-58	26. REGISTRAR'S SIGNATURE Irene Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Fred C. Young



2-0450

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 *Alvin R Naumseh*

Licensed Embalmer No. *4159*

P. O. Address *K 6 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.