

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044196

STATE FILE NUMBER

FILED JAN 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6086

300  
1-57

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ALL diseases in Part I must be causally related.  
MEDICAL CERTIFICATION  
Frank Paul Lauritzen

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 1684
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LINWOOD NURSING HOME		Length of stay in 1b 14 YRS.	d. STREET ADDRESS (If outside, give location) 3934 CENTRAL
3. NAME OF DECEASED (Type or print) First MIDDLE Last LUNETTA ELVIRA JOHNSON		4. DATE OF DEATH Month Day Year DEC. 22-1958	
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. 3-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (In years last birthday) 86
11. BIRTHPLACE (City and state or country) WHITE CLOUD, KANS.		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME UNKNOWN BURNS		13b. MOTHER'S MAIDEN NAME UNKNOWN IV	14. NAME OF HUSBAND OR WIFE NORVILL H. JOHNSON
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. NONE	17. INFORMANT KANSAS CITY - KANSAS FRANK P. JOHNSON - 5037 CANTBURY Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500			INTERVAL BETWEEN ONSET AND DEATH Sym 8 yrs
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 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
21. I attended the deceased from 11-1-58 to 12-22-58 and last saw her alive on 12-22-58 Death occurred at 8:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank Paul Lauritzen MD		(Degree or title) D	22b. ADDRESS 428 S. White Ave
22c. DATE SIGNED 12-22-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC-24-1958	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. Newcomers Sons-KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 12-24-58	26. REGISTRAR'S SIGNATURE Nora Marshall

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 *Cern Lawler* .....

Licensed Embalmer No. *4915* .....

P. O. Address *A.C. 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.