THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005550
STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 556

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. — Length of stay in this place 4½ yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS 409 W 14 St. (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First OLGA Middle — Last FRANZEN
4. DATE OF DEATH: Month 1 Day 28 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: 1-20-1897
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silver Polisher
10b. KIND OF BUSINESS OR INDUSTRY: Kitchen
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Carl Laudin
14. MOTHER'S MAIDEN NAME: Louise (unk) Laudin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 495-36-6059
17. INFORMANT (Address): Carl Franzen Pawnee City, Neb.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock & Hemorrhage resulting from
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Compound fracture of right leg, multiple fractures of
DUE TO (c) Skull with brain injury & Hypertensive Heart Disease

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 ☐ NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Was struck by a car
20c. TIME OF INJURY: Hour 5:55 a. m. ~~p. m.~~ Month, Day, Year 1-28-59
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: Kansas City — COUNTY: Jackson — STATE: Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo C Kealhofer M.D. Coroner
22b. ADDRESS: 6627 Prospect K.C. Mo
22c. DATE SIGNED: 1-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-31-1959
23c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Kans.

24. FUNERAL DIRECTOR: Lussentine's Bros — ADDRESS: KC Mo
25. DATE RECD. BY LOCAL REG.: 1-29-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate wa

by me, or by ....., Student Embalmer No..

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leonard Passantino

Licensed Embalmer No.

P. O. Address LCT

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITIN
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.

(Licensed Embalmer's Statement on Reverse Side)