

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009507
STATE FILE NUMBER
1298

FILED MAR 26 1959

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

300
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Benard City</u>		c. CITY OR TOWN <u>Kennett City</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTE <u>King Num. Home</u>		8. STREET ADDRESS (If outside, give location) <u>1441 Indep. Ave</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SALLIE G LANING</u>		4. DATE OF DEATH Month Day Year <u>3-9-1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-20-1868</u>
9. AGE (In years last birthday) <u>90</u>		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) <u>School teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) <u>Keeokuk, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unk</u>	
13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-16-9278</u>	
17. INFORMANT <u>Jackson County Welfare KCM</u>		Address	
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 last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u> <u>8 years</u>
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.)		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 <u>1-1-59</u> to <u>3-9-59</u> and last saw her alive on <u>3-9-59</u> Death occurred at <u>12:15 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul Marshall</u>		22b. ADDRESS <u>428 S Whiteane</u>	
22c. DATE SIGNED <u>3-9-59</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u>	
22e. LOCATION (City, town, or county) <u>Marion, Kansas</u>		22f. STATE <u>KANSAS</u>	
24. FUNERAL DIRECTOR <u>Passantino Bros KCMO</u>		25. DATE RECD. BY LOCAL REG. <u>3.11.59</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Marshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

Frank Paul Lauritzen
 ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Medical Certification
 All diseases in Part I must be causally related.

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 *Leonard Casertano*

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.