

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009742

STATE FILE NUMBER

1393

FILED APR 2 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Heart &amp; Stone Rest Home unkl</b>		d. STREET ADDRESS (If outside, give location) <b>714 E 8 ST</b>	

3. NAME OF DECEASED (Type or print) First <b>Ira</b> Middle <b>White</b> Last <b>White</b>			4. DATE OF DEATH Month <b>3</b> Day <b>9</b> Year <b>59</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-6-1886</b>	9. AGE (In years, months, days) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>

10a. USUAL OCCUPATION (Give kind of work done during most of year or life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (City and state or country) <b>Franklin County Ill</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>unk</b>	13b. MOTHER'S MAIDEN NAME <b>unk</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>	16. SOCIAL SECURITY NO. <b>487-16-4369</b>	17. INFORMANT <b>Jackson County Welfare K C Mo.</b>	Address
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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) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years 1 year</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerosis</b>	
	DUE TO (c) <b>Arteriosclerosis</b>	
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.)
20c. TIME OF INJURY Hour <b>—</b> Month, Day, Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>	

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 <b>—</b>	COUNTY <b>—</b>	STATE <b>—</b>
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21. I attended the deceased from **1-1-59** to **3-9-59** and last saw her alive on **3-9-59**  
Death occurred at **3:45 pm** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Frank Paul Laurenzano</b> (Degree or title) <b>0</b>	22b. ADDRESS <b>428 S White Ave</b>	22c. DATE SIGNED <b>3-9-59</b>
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23a. BURIAL, CREMATION, EMOY (Specify) <b>Embalmed</b>	23b. DATE <b>3-16-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K.C. College Hill &amp; Spring Kansas City, Mo</b>	23d. LOCATION (City, town, or county) (State) <b>—</b>
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24. FUNERAL DIRECTOR <b>Lawrence B. ...</b>	ADDRESS <b>K C Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Gene Marshall</b>
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All diseases in Part I must be causally related. Frank Paul Laurenzano, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

*Dr. Francis Halligan*  
*3-9-1954 345 PM*  
*705 Confront*

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 Passantino*

Licensed Embalmer No. *4554*

P. O. Address *LC 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.