

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029152

FILED VS AUG 21 1959 149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 3804

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in 1b. <i>3 yrs</i>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) <i>310 Olive St</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Charles H. Lawrence</i>			4. DATE OF DEATH Month Day Year <i>8-4-1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-25-1931</i>	9. AGE (last birthday) <i>28</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>sales</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Con Products Co. Waterloo, Ia</i>		11. BIRTH PLACE (City, State, Territory, Country) <i>USA</i>	
12a. FATHER'S NAME <i>Chas Lawrence</i>		12b. MOTHER'S MAIDEN NAME <i>Tammie Bleything</i>		14. NAME OF HUSBAND OR WIFE <i>Garol</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If No, give war or dates of service) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT <i>Tammie Lawrence KE MO</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock &amp; Hemorrhage resulting from stab wound of chest</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Stab wound of chest</i>			
20c. TIME OF INJURY Hour a.m. <i>7:45</i> Month, Day, Year <i>8-4-59</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City Jackson</i>	COUNTY <i>MO</i>	STATE <i>MO</i>
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Geo C. Kealhofer D. Public Health</i>			22b. ADDRESS <i>6627 West 17 Street</i>		22c. DATE SIGNED <i>8-4-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-7-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenhawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City MO</i>		
24. FUNERAL DIRECTOR <i>Passantino Bros Inc MO</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>8-6-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

DOCUMENT

BY AFFIDAVIT OF  
Geo. C. Kealhofer MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leonard Pasantun

Licensed Embalmer No. 455

P. O. Address KCMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.