

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029325

FILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 4182

300
1-57

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		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home		d. STREET ADDRESS (If outside, give location) 1441 Independence	
Length of stay in lb 2 Years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Dora Middle M. Nelson Last Snorgrass			4. DATE OF DEATH Month Aug Day 25 Year 1959		
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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 Nov 15 1890	9. AGE (In years) 68	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Pueblo Colorado	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Francis Sweat	13b. MOTHER'S MAIDEN NAME Isabel Pauley	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No	16. SOCIAL SECURITY NO. 509202602	17. INFORMANT Mrs Isabel Nicholson Kansas City Ks
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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) Arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis		
DUE TO (c)		8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500		

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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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
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21. I attended the deceased from 7-1-59 to 8-25-59 and last saw her/him alive on 8-25-59 Death occurred at 7-1-59 2 AM on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Frank Paul Laureanzana M.D.	(Degree or title)	22b. ADDRESS 428 S White Ave	22c. DATE SIGNED 8-25-59
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23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 8/27/59	23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Memorial Gardens	23d. LOCATION (City, town, or county) (State) Wyandotte County Kansas
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24. FUNERAL DIRECTOR Amels Bros. Kansas City, Kans.	25. DATE RECD. BY LOCAL REG. 8-27-59	26. REGISTRAR'S SIGNATURE Irene Marshall
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All diseases in Part I must be causally related.

Frank Paul Laureanzana
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 me, or by, Student Embalmer No. 3659 working under my personal supervision.

Student
Signature of Student Embalmer

Signed Geo. F. Porter

Licensed Embalmer No. 3659
P. O. Address Kansas City

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.