

FILED VS OCT 16 1959

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-036213

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 4577
 Registrar's No. 4577

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Kansas b. COUNTY Wyandotte)	
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 Malotte Nursing Home		Length of stay in 1b 1 yr.	
4		d. STREET ADDRESS 714 S. Pyle	
3. NAME OF DECEASED (Type or print) GEORGE LAFAYETTE HILL		4. DATE OF DEATH September 16, 1959	
First Middle Last		Month Day Year	
5. SEX Male	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 4/28/70
9. AGE (In years from 1st birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (City and state or country) Macon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Elizabeth Hill		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. -		17. INFORMANT Ethel Dalton, 714 S. Pyle, Kansas City, Kansas	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ 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 8 years 8 years
19. WAS AUTOPSY PERFORMED? 4500 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 <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 2-4-59 to 9-16-59 and last saw her alive on 9-16-59 Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Frank Paul Laurey (Degree or title)		22b. ADDRESS 428 S. White Ave	
22c. DATE SIGNED 9-16-59		23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial	
23b. DATE 9/21/59		23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas		24. FUNERAL DIRECTOR Daniels Bros., Kan. City, Kansas	
25. DATE RECD. BY LOCAL REG. 9-21-59		26. REGISTRAR'S SIGNATURE Deva Minefall	

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

Frank Paul Laurey, M.D. 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. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Geo F. Porter*

Licensed Embalmer No. *3659*
P. O. Address *Maunaloa, Kauai*

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.