

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1959

59-036425

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5160

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 6 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Ave. Nursing Home				Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 512 Woodland	
3. NAME OF DECEASED (Type or print) GEORGE		First		Middle F.		Last STANDKE	
4. DATE OF DEATH 10 14 1959		Month		Day		Year	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-8-82	
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 24 HR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk				10b. KIND OF BUSINESS OR INDUSTRY Retail sales		11. BIRTHPLACE (City and state or country) Clinton, 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 Eustena Hoffman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 486-09-0458		17. INFORMANT Address Jackson County Welfare Records	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 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) 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						INTERVAL BETWEEN ONSET AND DEATH 1 day 6 years	
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 1.1.59 to 10.14.59 and last saw her/him alive on 10.14.59 Death occurred at 5:50 p on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Frank Paul Laurenzina				22b. ADDRESS 428 S. Whiteave		22c. DATE SIGNED 10.19.59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical		23b. DATE 10-27-59		23c. NAME OF CEMETERY OR CREMATORY University of K.C. School of Dentistry		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Weilert Funeral Homes(S) K.C., Mo.				25. DATE RECD. BY LOCAL REG. 10-26-59		26. REGISTRAR'S SIGNATURE Nevar Marshall	

DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurenzina MEDICAL CERTIFICATION

5100

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 B. E. Weir

Licensed Embalmer No. 4075

P. O. Address K. C. S. M.

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.