# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010857
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1433

ENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 26 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hearthstone Nurs. Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 708 Garfield — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: F. Last: Claunch
4. DATE OF DEATH: Month: Mar. Day: 8, Year: 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/1/1874
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and state or country): Gallapolis, Ohio
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: James Rader
13b. MOTHER'S MAIDEN NAME: Elizabeth Wolfenbarger
14. NAME OF HUSBAND OR WIFE: James L. Claunch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Alice Durnil Address: 3826 E. 6th. St.

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 — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 8 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-3-60, to 3-8-60 and last saw her/him alive on 3-8-60
Death occurred at 8:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Frank Paul Laurenzana (Degree or title) MD
22b. ADDRESS: 428 S. White Ave
22c. DATE SIGNED: 3-8-60

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Paul Laurenzana

DOCUMENT

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/11/60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Ceme.
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR: Earp & Sons ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 3-10-60
26. REGISTRAR'S SIGNATURE: Irene Minshall

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 16 1960

**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 William K. Carp

Licensed Embalmer No. 4728

P. O. Address T. C. 2

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