

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010926

FILED VS APR 4 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1706

STATE FILE NUMBER

NDSD

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	Length of stay in 1b 65 yrs.	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION 3217 Cleveland Ave. Malotte Nursing Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3909 East 18th St. Terr.

3. NAME OF DECEASED (Type or print) First Henry Middle LOUIS Last Fallett			4. DATE OF DEATH Month Mar. Day 20 Year 1960	
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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 NOV 24, 1879	9. AGE (last birthday) 80 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY RICHLAND MISSOURI	11. BIRTHPLACE (City and state or country) USA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FREDRICK FALLETT	13b. MOTHER'S MAIDEN NAME MARY UNKNOWN	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 495-05-2377	17. INFORMANT MRS. LESLIE S. STONE SAN FRANCISCO CALIF
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Arteriosclerosis
	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)		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	
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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.)
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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 checked="" 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 1-1-59 to 3-20-60 and last saw her alive on 3-20-60 Death occurred at 5:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Frank Paul Laurencz (Degree or title)	22b. ADDRESS 428 S. White Ave	22c. DATE SIGNED 3-20-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 23, 1960	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM	23d. LOCATION (City, town, or county) KANSAS CITY MO.
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24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 3.23.60	26. REGISTRAR'S SIGNATURE Neva Minshall
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DOCUMENT

BY AFFIDAVIT OF **FRANK PAUL LAURENCZ** MEDICAL CERTIFICATION

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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 Roman W. Pearson

Licensed Embalmer No. 4889

P. O. Address J. C. Mo

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.