

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960

=60-034960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4690

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	
Length of stay in 1b 23 yrs.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lewellen Nursing Home		d. STREET ADDRESS 2800 E. 10th. St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle Paul Last Paul			4. DATE OF DEATH Month Sept. Day 13, 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 1-19-81	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman	10b. KIND OF BUSINESS OR INDUSTRY Hall Bro's	11. BIRTHPLACE (City and state or country) Savannah, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Owen E. Paul	13b. MOTHER'S MAIDEN NAME Anna E. Bailey	14. NAME OF HUSBAND OR WIFE Stella S. Paul ^{Dec 1956}
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, no unknown) (If yes, give war None of service)	16. SOCIAL SECURITY NO. 499-09-9835	17. INFORMANT Address William Paul (Son) 2800 East 10th.
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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	DUE TO (b) Arteriosclerosis	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	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 Month, Day, Year a.m. p.m.

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 **5-26-60** to **9-13-60** and last saw her **9-13-60** and last saw him alive on **9-13-60**
Death occurred at **1230 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurenza M.D. (Degree or title)	22b. ADDRESS 420 S. White Ave	22c. DATE SIGNED 9-13-60
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23a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 9/14/60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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DOCUMENT

BY AFFIDAVIT OF Frank Paul Laurenza 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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Furr

Licensed Embalmer No. 469
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.