RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 30 1960

-60-045988

STATE FILE NUMBER

IDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6261

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 60 Yrs

c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood N/H. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1900 Linwood Blvd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle Last CONNELY

4. DATE OF DEATH Month 12 Day 10 Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH July 1 73

9. AGE (last birthday) 87

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 Domestic

11. BIRTHPLACE (City and state or country) Durham England

12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME John Bailey

13b. MOTHER'S MAIDEN NAME Eliz Unknown

14. NAME OF HUSBAND OR WIFE Newton Connely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X X X X

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address Mrs. Sclina Vickers St. Charles Il

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 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 11-26-60 to 12-11-60 and last saw her/him alive on 12-11-60

Death occurred at 9 15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Paul Laurenzana M.D.

22b. ADDRESS 428 So White Ave

22c. DATE SIGNED 12-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12 13 60

23c. NAME OF CEMETERY OR CREMATORY Floral Hills

23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem Chapels, Inc K. C. Mo

25. DATE RECD. BY LOCAL REG. 12-13-60

26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Paul Laurenzana

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D. Coldsno

Signature of Student Embalmer

Licensed Embalmer No. 471

P. O. Address K C W

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