MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

61-032818
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4872

FILED OCT 11 1961

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 2wks

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

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Nursing Home — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 415 N. 18th St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Alice Middle: Rose Last: Donegan

4. DATE OF DEATH Month 10 Day 1 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-4-1888

9. AGE (last birthday) 73

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 Home

11. BIRTHPLACE (City and state or country) Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME Frank Reinhardt

13b. MOTHER'S MAIDEN NAME Catherine Brodish

14. NAME OF HUSBAND OR WIFE Charles T. Donegan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none

17. INFORMANT Charles T. Donegan Address 415 N. 18Th

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	1day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Myocarditis	5 years
DUE TO (c)	arteriosclerosis	10years

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 1-1-61 to 10-1-61 and last saw her/him alive on 10-1-61

Death occurred at 6:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Laurengana (Degree or title) MD — 22b. ADDRESS 428 South White Ave — 22c. DATE SIGNED 10-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 10-3-1961 — 23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery — 23d. LOCATION (City, town, or county) Kansas City, Kansas (State)

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar — ADDRESS 20 W. Linwood K.C.11, Mo — 25. DATE RECD. BY LOCAL REG. 10-2-61 — 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Frank Paul Laurengana

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 Lloyd F. Dickman

Licensed Embalmer No. 5120

P. O. Address K. C. 9, 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.