MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-023200
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2707

FILED JUN 21 1962

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7508 E 112th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Sanford Middle: Jerome Last: Lauer

4. DATE OF DEATH Month 5 Day 17 Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-17-1962
9. AGE (last birthday)
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours 2 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) –
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (City and state or country) Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Donald Max Lauer
13b. MOTHER'S MAIDEN NAME Cheryl Elaine Ballard
14. NAME OF HUSBAND OR WIFE NONE

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 DONALD MAX LAUER Address 7508 E 112th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anoxia — INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Prematurity of lungs. —
DUE TO (c) Premature miscarriage
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Mother is a repeat miscarrier
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 delivery, to and last saw ~~her~~ him alive on 5-17-62
Death occurred at 2:20 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. B. Sinclair Jr. MD (Degree or title)
22b. ADDRESS 920 W. 47th St.
22c. DATE SIGNED 5-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/18/1962
23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR J.P. Louis Funeral Home, K.C., Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 5-18-62
26. REGISTRAR'S SIGNATURE Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Guy R. Huffington

Licensed Embalmer No. 2756

P. O. Address K.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.