# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-047227

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6361

FILED JAN 7 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH a. COUNTY Jackson

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas city — Length of stay in 1b 40 yrs

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

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

d. STREET ADDRESS (If outside, give location) 708 Garfield — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle H. Last SUMNER

4. DATE OF DEATH Month 12 Day 12 Year 1962

5. SEX male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 1-6-1884

9. AGE (last birthday) 78

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) Newspaper Salesman

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Nebr.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME unk

13b. MOTHER'S MAIDEN NAME unk

14. NAME OF HUSBAND OR WIFE —

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

17. INFORMANT Jackson County Welfare Address KC, Mo

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — Interval between onset and death: 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertension — 8 years

DUE TO (c) Chronic Myocarditis — 12 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. ☐ 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 1-1-62 to 12-12-62 and last saw her him alive on 12.12.62

Death occurred at 5 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Paul Lauenzana (Degree or title) MD — 22b. ADDRESS 428 So White Cave — 22c. DATE SIGNED 12.12.62

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation — 23b. DATE 12-14-62 — 23c. NAME OF CEMETERY OR CREMATORY KC College Obst & Surgery — 23d. LOCATION (City, town, or county) Kansas City (State) Mo

24. FUNERAL DIRECTOR Lasantino Bros — ADDRESS KC Mo — 25. DATE RECD. BY LOCAL REG. 12.14.62 — 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION: Frank Paul Lauenzana

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | | | |
| 2 | 3178 | 2 | |
| 3 | | | |
| 4 | 0 | | |
| 5 | 3 | | |
| 6 | | | |
| 7 | 1 | | |
| 8 | 0 | | |
| 9 | 4201 | | |
| 10 | | | |
| 11 | | | |
| 12 | 86-0 | | |
| 13 | | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Heartstone 12-12-62 5 P.M.

**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 L. C. Passantino

Licensed Embalmer No. 4554

P. O. Address KC 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.