

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14541**

FILED MAY 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2136

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE - (Where deceased lived - If institution: residence before admission). a. STATE <b>Kansas</b>		b. COUNTY <b>Bourbon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>6 mos</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bronson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Monica Conv. Home 1441 Indep. Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MR. BONNIE</b>		b. (Middle) <b>LEE</b>		c. (Last) <b>TEDFORD</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-20-53</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 23, 1882</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		14. NAME OF HUSBAND OR WIFE <b>Lula Tedford</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Tedford, 26 E. 32nd Terr.</b>		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>45<sup>0</sup></b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-1-53, 1953, to 4-20-53, 1953, that I last saw the deceased alive on 4-20-53, 1953, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Frank Paul Laurenzana M.D.</b>		22b. ADDRESS <b>428 S. White Ave</b>		22c. DATE SIGNED <b>4-20-53</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-20-53</b>		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State) <b>Bronson, Kansas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>K.C.MO.</b>	

DATE REC'D BY LOCAL REG. <b>4-22-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>	
				ADDRESS <b>K.C.MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. Frank Paul Lawrence  
428 So. White  
Be. 3317

His will call.

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 .....  
Student Embalmer

Signed

*J. T. Crowell*

Licensed Embalmer No. 4904

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 this body is not embalmed, fact should be so stated above.