

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED: SEP 11 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4051

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>11 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Long Beach;</u>		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delora Rest Home, 622 Benton</u>				d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXX</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>E</u> c. (Last) <u>Crites</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1953</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 18, 1885</u>	
9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Republic, Kansas. /</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Telman Kohl</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Beaver</u>		14. NAME OF HUSBAND OR WIFE <u>unknown Crites</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>564 34 4088</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald E. Baughman, Kansas City, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>
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 <u>6-4-53</u> to <u>7-14-53</u> , that I last saw the deceased alive on <u>7-14-53</u> , 19 <u>53</u> , and that death occurred at <u>7:20</u> p.m., from the causes and on the date stated above.							
23. SIGNATURE <u>Frank Paul Laurenzano</u> (Degree or title)				23b. ADDRESS <u>428 S. 11th St., White</u>		23c. DATE SIGNED <u>8-14-53</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/16/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lisbon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lisbon, Iowa</u>		
DATE REC'D BY LOCAL REG. <u>8-15-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geob. Larson Independence, Mo.</u>			

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 La Vega C. Brown

Licensed Embalmer No. 4794

P. O. Address Independence

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.