

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27247  
3548

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3548		
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, write RURAL and give township) Kansas City 32 <sup>nd</sup> St		c. LENGTH OF STAY (in this place) 18 mos		c. CITY OR TOWN Kansas City		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. Convalescent Home				e. STREET ADDRESS (If rural, give location) 3833 Broadway 3488				
3. NAME OF DECEASED (Type of Print) a. (First) HENRY b. (Middle) FASSETT c. (Last) FASSETT			4. DATE OF DEATH (Month) (Day) (Year) 7-15-54					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 9-12-19-1864		8. DATE OF BIRTH 89		9. AGE (In years) (Month) (Day) 64	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours Min.
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 Foreign Country Fitzwilliam N.H.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME - Unknown			13b. MOTHER'S MAIDEN NAME -		14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME County Investigator's Office ADDRESS Court House				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) -				INTERVAL BETWEEN ONSET AND DEATH 3 years 3 years 4500		
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 6-1-54 to 7-15-54, that I last saw the deceased alive on 7-13-54, and that death occurred at 11:00 a.m., from the causes and on the date stated above.								
23a. SIGNATURE Frank Paul Lorenzani MD				23b. ADDRESS 928 South White		23c. DATE SIGNED 7-15-54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-22-54		24c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem		24d. LOCATION (City, town, or county) (State) Kansas City Kansas		
DATE REC'D BY LOCAL REG. 7-21-54		REGISTRAR'S SIGNATURE Geraldine Smith		EMERALD DIRECTOR'S SIGNATURE Peter J. [Signature]		ADDRESS K.C., Mo		

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *John B. Lyman*.....

Licensed Embalmer No. *422*.....

P. O. Address *KCM*.....

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.