

FILED JUN 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18572  
2236

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Jude Rest Home Campbell		c. CITY OR TOWN KANSAS CITY	
3. NAME OF DECEASED a. (First) ANNIE		4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1955	
b. (Middle) _____		c. (Last) CARY	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 1, 1862	
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
11. BIRTHPLACE (City and State or Foreign Country) AUSTIN, TEXAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM MILLER	13b. MOTHER'S MAIDEN NAME MARY ELIZABETH BROWN	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME TED R. METCALF	ADDRESS 1182 N. WYLDIA KANSAS CITY, MO.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		3 yrs
	DUE TO (c) _____		45
11. 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 checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1-1-55, 1955, to 5-21-55, 1955, that I last saw the deceased alive on 5-21-55, 1955, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laurenzano MD	23b. ADDRESS 42 S South White Ave	23c. DATE SIGNED 5-21-55
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAY 24 1955	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI (State)
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DATE REC'D BY LOCAL REG. 5-24-55	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS BRUSH BRICK BLVD
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(Licensed Embalmer's Statement on Reverse Side)

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 Lewis*.....  
Licensed Embalmer No. *487*

P. O. Address *KC M*.....

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.