

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33500**
Registrar's No. **4425**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) 70 Wks.		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2702 Linwood (LINMONT HOME)		STREET ADDRESS (If rural, give location) 1319 LAWDALE		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ARMINDA	b. (Middle) ETTER	c. (Last) ROSCOE	OCT. 13, 1955		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 6, 1867	9. AGE (In years last birthday) 88	10. MONTHS -	11. DAYS -	12. HOURS -	13. MIN. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) WARSAW, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES CRAWFORD	13b. MOTHER'S MAIDEN NAME SARAH JACKSON	14. NAME OF HUSBAND OR WIFE ARTHUR ROSCOE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME MRS. THORNTON	ADDRESS K.C., MISSOURI
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		DUE TO (b) Arteriosclerosis		3 years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4560

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 9-11-55, 1955, to 10-13-55, that I last saw the deceased alive on 10-13-55, and that death occurred at 1255A m., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Laurigan	(Degree or title) M.D.	23b. ADDRESS 428 S. White Ave	23c. DATE SIGNED 10-13-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 19, 1955	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 10-15-55	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackburn & Son Inc.	ADDRESS K.C., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Laurigan

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 *W. A. Quinn*.....

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.