

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9241**  
Registrar's No. **988**

FILED MAR 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Frank Paul Laurenzana

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</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>5 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SUNNY REST HOME</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>CLAY</b> c. CITY OR TOWN <b>No. Kansas City</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) <b>1233 ERIE</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>LILLIAN</b> c. (Last) <b>NELSON</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAR. 3, 1956</b>				
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>DEC. 24, 1905</b>	<b>9. AGE</b> (In years last birthday) <b>50</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>HOME</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>ST JOSEPH, MISSOURI</b>			
<b>13a. FATHER'S NAME</b> <b>JESS WIGGINS</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>ROSSINA CHANEY</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>FREDOLPH K. NELSON</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>FREDOLPH K. NELSON</b> <b>No. K.C. Mo.</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Carcinomatosis</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Uterus</b> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from 2-29-56, 1956, to 3-3-56, 1956, that I last saw the deceased alive on 2-3-56, 1956, and that death occurred at 7:30 AM., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <b>Frank Paul Laurenzana M.D.</b>			<b>23b. ADDRESS</b> <b>428 S. White Ave</b>		<b>23c. DATE SIGNED</b> <b>3-3-56</b>		
<b>24a. (BURIAL, CREMATION, REMOVAL) (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Mar 6 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Fairview Cem</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Liberty Mo.</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>3-6-56</b>		<b>REGISTRAR'S SIGNATURE</b> <b>neva munsell</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>D. W. Tekonier's Home</b> <b>No. K.C. Mo.</b>			

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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..... *Stewart H. Hill*.....

Licensed Embalmer No..... 45

P. O. Address... K.C. 161

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.