

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13537

State File No.

1359

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1359</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write full name of town or village) <u>Kansas City</u>		c. LENGTH OF STAY (in place) <u>38 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>3200 Norledge Home</u>				STREET ADDRESS (If rural, give location) <u>3200 Norledge</u> <u>3090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u>			b. (Middle) <u>Van Houtte</u>			c. (Last) <u>Van Houtte</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-56</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>12-1-1880</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 14 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Bricklayer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belgium</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or no record) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Record Clerk: H.C. Balzwick</u>				ADDRESS <u>Record Clerk: H.C. Balzwick</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>34 years</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <u>Arteriosclerosis</u>						<u>34 years</u>	
DUE TO (c) _____							
II. 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"/>							
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) _____		21d. (COUNTY) _____	
21e. (STATE) _____		21f. HOW DID INJURY OCCUR? _____		21g. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>1-1-56</u> , to <u>3-22-56</u> , that I last saw the deceased alive on <u>3-22-56</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Paul Laurenzana MD</u>				23b. ADDRESS <u>428 S. White Ave</u>		23c. DATE SIGNED <u>3-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>		24b. DATE <u>3-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Western Dental College</u>		24d. LOCATION (City, town, or county) (State) <u>KC Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-29-56</u>		REGISTRAR'S SIGNATURE <u>neva menhall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. E. Wailes</u>		ADDRESS <u>KC Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Laurenzana0.300
0.48

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..... *B. E. Wicket*

Licensed Embalmer No. *4076*

P. O. Address *L. C. S. 7*

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.